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(Re	questor's Name)	
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(6)	WASHARI TILL INL	- 40
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(Do	cument Number)	
Cartified Conins	Contification	of Status
Certified Copies	_ Certificates	or Status
Special Instructions to	Eiline Officer	
Special institutions to	J. HORNE	<u>:</u>
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FILED 2021 OCT 25 AH 6: 23 SECRETARY OF 150

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COVER LETTER

то:	Registration Sec Division of Corp			
eunu		INVESTMENTS, LLC		
SORT	ECT:		ited Liability Company	
The er	iclosed Articles of i	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		CLAUDIA JIMENEZ		
			Name of Person	
		SANCLAU INVESTMEN	ITS, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		4839 NW 116 AVE		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		claujimen@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fu	ther information co	oncerning this matter, please ca	all:	
CLAU	JDIA JIMENEZ		786 286-0882	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2021 OCT 25 AM 6: 23 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TO

SANCLAU INVESTMENTS, LLC

The Articles of Organization for this Limited Liability Company	were filed on February 27, 2019	and assigned		
Florida document number L19000057135				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4839 NW 116 AVE			
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33178			
Enter new mailing address, if applicable:	4839 NW 116 AVE			
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33178			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records,	enter the name of the new		
The second of th	<u>c</u> .			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	Enter Florida street address			
	Flori	da		
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CAMACHO, SANDRA, MRS.	441 SAN SERVANDO AVE	Add
		MIAMI, FL 33143	
			☐ Change
		-	□ Remove
			Change
			Add
			□ Remove
			Change
717-			Add
			□ Remove
			Change
		□ Add	
			□ Remove
			Change
			□ Remove
			☐ Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Ocotber / S Signature of a member or authorized representative of a member.	D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:		
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Claria Rue C	(If an effective d <u>Note:</u> If the	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Claria Rue C	If the record s (b) The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Claria Rue C	Dated Ocotb	er <u>18</u> 2021
A A A A A A A A A A A A A A A A A A A		Cladia Rue i
CLAUDIA JIMENEZ ("(Erchia Greet	C	LAUDIA JIMENEZ (Fredia Grante of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00