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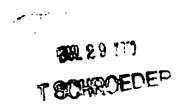
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COVER LETTER

TO:		istration Sec Islon of Corp				
CHDI	IECT:	SUGAR SA	ND ENTERPRISES LLC			
SUBI	ECI:		Name of Limi	ited Liability Company		<u> </u>
The e	nclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return	all correspon	ndence concerning this matter	to the following:		
			Melissa V Porter			
			Sugar Sand Enterprises LL	Name of Person		
			7086 Spyglass Ave	Finn/Company		
			Parkland, FL 33076	Address		
			backpacke31@gmail.com	City/State and Zip Code		
			E-mail address: (1	to be used for future annual re	eport notification)	
For fi	urther in	nformation co	oncerning this matter, please ca	all:		
Melis	ssa Port		<u> </u>	at ()	9844	
		Name of	r P ers on	Area Code	Daytime Teleph	none Number
Enclo	sed is a	check for th	e following amount:			
De s	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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 TO ARTICLES OF ORGANIZATION OF

SUGAR SAND ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/27/2019 and assigned Florida document number _____L19000168483 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the namo of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Address</u>	Type of Action
MGRM	Victoria Porter	7086 Spyglass Ave, Parkland, FL 33076	
			■ Remove
			□ Change
MGRM	Melissa Victoria Porter	7086 Spyglass Ave, Parkland, FL 33076	B Add
			□ Remove
			□ Change
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			Remove
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			PH
Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of follock does not meet the applicable statut	(optional) iling or more than 90 days after filing.) ory filing requirements, this date	Pursuant to 605.0207 will not be listed as
ne record specifies a delayo The 90th day after the re	ed effective date, but not an effectord is filed.	ective time, at 12:01 a.m. (on the earlier of
Dated	16608/1Rest		
<i>Q</i>	Signature of a member or authorized repre	esentative of a member	

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Filing Fee: \$25.00