L19000231457

(Requestor's Name)	
(Address)	
(Address)	C
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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08/18/21	



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(1)

COVER LETTER

TO: Registration Division of C				
	C BUILD, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	CARLOS SANDOVAL			
		Name of Person		
		Firm/Company		
	12 E OSCEOLA PKWY			
	KISSIMMEE, FL 34744	DVAL. Name of Person		
	cesandoval7@gmail.com	City/State and Zip Code		
P Complete on the Communication	= -		ication)	
CARLOS SANDOVA		407 4017447)	_
Nam	e of Person		Telephone Number	()
Enclosed is a check for	r the following amount:		,	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy 4.3 (additional copy is englosed)	7
Mailing Add Registration Division of P.O. Box 6 Tallahassec	n Section Corporations 327	Registration Sec Division of Corp The Centre of T.	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDOC BUILD, 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 $\underline{\frac{09/12/2019}{}}$ and assigned Florida document number ____L19000231457 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 name 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

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
MGR	CARLOS SANDOVAL	912 E OSCEOLA PKWY, KISSIMMEE, FL 34744	DAdd
			≣Remove
MGR MARIANA S	MARIANA SANDOVAL	912 E OSCEOLA PKWY, KISSIMMEE, FL 34744	= Add
			□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the da	08/03/2021	(optional) 🗠	
n effective date is listed, the date must be	e specific and cannot be prior to date of fi c does not meet the applicable statute	ling or more than 90 days after filing. Plus ory filing requirements, this date will	suant to 605,0207 not be listêd as
ecord specifies a delayed effective d is filed.	ate, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90t	th day after the
ted	10:58 am		
	(A)		
	gnature of a member or authorized repre	/	
Si	gnature or a yneminer or addickrized repre-	actitutive of a mention	

Filing Fee: \$25.00