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(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	. <u>.</u>
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R. WHITE

JUN 0 5 2023

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Sanctuary Trad Name of Lim	ling & Investments, items. ite	LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Grove	r M. Whidden	
		Name of Person	
	Sanct	nary Trading & INE	st mends
	1556	7 Caloose Creek C	-54
	Fort	Myers, I-L 33908 City/State and Zip Code	
		-	
	E-mail address: (ernette @ comcast, na to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Grover M.	Whidden	at (<u>239</u>) <u>691</u> -	5752
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	action
Registration S Division of C		Registration Solution of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $222q + \cdots$

(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 April 10, 2020 and assigned
Florida document number <u>L 20 000 100 488</u> .
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 "L.L.C."
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 register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Matrid H. Whidden	15561 Caloosa Creek Cik	
		Foot Myers, FL 33968	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
		-	□Remove

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Note: If the	ate, if other than the date of date is listed, the date must be speed ate inserted in this block do	es not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pequirements, this date wi	ursuant to 605,020 Il not be listed a
document :	effective date on the Departm	ent of State's records	i.		
e record sp rd is filed.	cifies a delayed effective date.	but not an effective t	ime, at 12:01 a.m. on t	the earlier of: (b) The 9	90th day after the
	May 12	2020	··		
Dated	!				
Dated	Signati	. 2020 who which the sure of a member or auth	orized representative of	a member	