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	ity/State/Zip/Phone #	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

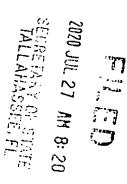
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CID IFCT.	Change nan	ne SA32963 LLC to Sandra A	lexander LLC	•	
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Sandra Alexander			
			Name of Person		-
			Firm/Company		-
		981 Oyster Shell Lane			
			Address	-	•
		Vero Beach, FL 32963			202 T
		livinvero@gmail.com	City/State and Zip Code		2020 JUL 27 SECRETARIASS TALLATIASS
For further in	nformation co	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)	27 MH 8
Sandra Alex	ander		772 501 1750		AH 8: 20
_	Name of	Person		e Telephone Number	C
Enclosed is	a check for th	e following amount:			
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	iling Address gistration S		Street Address: Registration Sec	ction	
Di	vision of C	orporations	Division of Cor	porations	
), Box 632 Hahassee, F		The Centre of T 2415 N. Monro		210
ıa	nanassee, f	L 24217	24 LO IN. IVIONIO	e succi, suite a	· LU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA32963 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.20000207266	were filed on July, 16 2020	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Sandra Alexander LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7AE 7
		27
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		26
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Floric	l.,
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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cord specifie	s a delayed effect	ive date, but n	ot an effectiv	e time, at 12:	Olamonth	re earlier of: ()	n) The 90th c	lay after the
is filed.						o camer or, (,	ay arres are
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