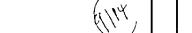
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## **COVER LETTER**

O: Registration Solution of Co			
PICHARD	O EXPORT & ENTERPRISE	S	
, obsect.	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub	-	
	Juana D. Pichardo	-	
		Name of Person	
		Firm/Company	
	445 NE 131 Street		
		Address	4
	North Miami, FL 33161		
	deyapichardo@yahoo.com	City/State and Zip Code	
For further information o	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	fication)
Juana Pichardo		305 401-5117 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PICHARDO EXPORT & ENTERPRISES, LLC.		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on ou lited Liability Company)	<u>r records.</u> )
The Articles of Organization for this Limited Liability Comp	oany were filed on August 26	2, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SANGAB EXPORT & ENTERPRISES, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	50	<b>GD</b>
Enter new mailing address, if applicable:		T T
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	, enter the name of the new regist
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida stree	et address
		, Florida

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

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

IGR = Manager MBR = Authorized Member

<u>'itle</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
		/	□ Remove
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			🗆 🖊 dd
			□Remove
			□Change
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			□Remove
			□Change
	<del></del>		□Add
			□Remove

11 ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
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fan effect <u>Note:</u> If	e date, if other than the date of filing:
record s d is filed	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
Pated	9-10-2020,
	Signature of a member of authorized representative of a member
	Typed or printed name of signee