L20000 372 817

(Re	questor's Name)	 -		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
		1011/2		
		10/1/21 TM		

Office Use Only



900365370349

09/23/21--01025--003 **25.00

21 SEP 23 FH 1: 07



June 25, 2021

DAYANA SANCHEZ GARCIA 5905 WASHINGTON ST APT 240 HOLLOYWOOD, FL 33023

We have received your document for, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00014501

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO: Registration Division of C			
SUBJECT:	D'Sa Name of Limite	on chaz LLC ed Liability Genipany	
•			
The enclosed Articles of	of Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	oondence concerning this matter to	the following:	
	Dayana So	Name of Person	
	D'sanch	Name of Person Sirm/Company.	
		Firm/Company	1.240
		•	3
	dayisancha E-mail address: (10	City/State and Zip Code 2 85 a) 9 mail be used for future appeal report not	1.com
ď	concerning this matter, please call		
Name o	Sanchez Garcio	at (780) 707 Area Code Dayrin	2492 ne Telephone Number
nclosed is a check for the	he following amount:		
\$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 \$10
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

1 SFP 23 PH 1:07

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) NOU 30, 2020 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number <u>120000372817</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 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 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

MGR = Manager AMBR = Authorized Member Name

Address

21 SEF 23 PM 1: 07

Sayana Sonehoz Coare ia 5905 Washington of Title Type of Action ☐Remove □Add \square Add □Remove □ Change \square Add □Remove □ Change \square Add □Remove □ Change □Add \square Remove

□Change .

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

	. I'm amending my full name from	ም: በ7
·	Dayana Sonchez to Sayona Sanchez	
	· I'm amending My title from MOR AMBR	10
-		
۔ ب درس مو درس		
-		<u> </u>
_		· · <u>-</u>
_		·
_		
(If an effe <u>Note:</u>]	ective date, if other than the date of filing:	Pursuant to 605,0207 (vill not be listed as th
If the record	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The filed.	90th day after the
Dated _	d 08/05/2021 (Prule)	
	Signature of a member or authorized representative of a member	