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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: The	Sand Box Name of Lim	of Fort Myer	s, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Antho	ony Mendez Name of Person	<del></del>
		Firm/Company	
	177 - 11	. ,	
	11/2) ///	E 10 arc Address	
	Cape Cor	al FL 339	709
	Mend Empladace (	al FL 339 City/State and Zip Code 1: to C Gmail.	Com
For further information con	cerning this matter, please ca	o be used for fature almost report from	eation)
	· · · · · · · · · · · · · · · · · · ·	at ( 23 9 ) 63 9 Area Code Daytime	-7795
Name of P	erson	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fec	\$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

The SandBox	of Fort Myer	, LLC	
The SandBox (Name of the Limited I	iability Company as it now appear	s on our records.)	
The Articles of Organization for this Limited Liabi Florida document number \( \begin{array}{c} \lambda \lambda \lambda \text{100000} \) 3	lity Company were filed on	. 1 1	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company he	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
E to a company of the Park In			
Enter new mailing address, if applicable:		<del>.</del>	?
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or regis		ecords, enter the name	of the new registered
agent and/or the new registered office address h	<u>ere</u> :		<u> 19.</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		, Florida	
_	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 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 Mendez	3771 Ponytail Palm ct.	<b>X</b> IAdd
		N. Fort Myers, FL 33417	□ Remove
			□Change
MGR	Sylvia Mendez	3771 Ponytail Palm Ct.	<b>İX</b> TAdd
		N. Fort Myers, FL 33917	□Remove
			□Change
			□Add
			□Remove
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			Change

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If an eff Note:	ive date, if other than the date of filing:  4/23/21  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thent's effective date on the Department of State's records.
e recor	rd 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 led.
Dated	April 23rd, 2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00