## L21000003219

(Re	equestor's Name)	
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## **COVER LETTER**

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SUBJECT: The	Sand Box	of Fo	,t Myer	SILLC
	The Sand Box of Fort Myers, LLC  Name of Limited Liability Company  Closed Articles of Amendment and fee(s) are submitted for filting.  Teturn all correspondence concerning this matter to the following:  Anthony Mendez  Name of Person  Firm/Company  1725 NF 10 <sup>th</sup> ave  Address  Cape Coral FL 33 9 0 9  City/State and Zip Code  Mendito City/State and Zip Code  Mendito City/State and Zip Code  Mendito Company  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  Whosy Mendez  Name of Person  Area Code  South To By Internation Concerning this matter, please call:  Whosy Mendez  South To By Internation Concerning this matter, please call:  Certificate of Status & Certificat Copy  (additional copy is enclosed)			
i				
The enclosed Articles of Amend	lment and fee(s) are subm	nitted for filing.		
Please return all correspondence	concerning this matter t	o the following:		
ı				
	Anthon	y Mendez		
		Name of Person		
		Firm/Company		
1	4	+4		
	1725 NE	10 ave		
		Address		
	Cape Cora	J FL	33 409	
	1	City/State and Zip Code	1	
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For forther information	E-man address. (10		eport nonneation)	
	•			
Anthony Me	nder	a. ( 23 <b>9</b> )	634-7	795
Name of Person		Area Code	Daytime Telephon	e Number
•				
Enclosed is a check for the follow	wing amount:			
□ \$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status		osed)	Certificate of Status &

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 Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number L2/000003219 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
AMBR	Anthony Mendez	1725 NE 10 th ave	[Xadd
		Cape Coral, FL 33 909	□Remove
}			□ Change
AMBR	Jessica Mender	1725 NE 10t9 ave	<b>X</b> Add
		Cape Coral, FL 33909	□Remove
			□Change
AMBK	Carlos Mendez	377, Ponytail Palm C)	Z Add
		N. Fort Myers, FL 3391.	Z_ □Remove
			□Change
AMBIR	Sylvia Mendez	3771 Ponytail Palm Ct	_ <b>M</b> ∨qq
		N. Fort Myers FL 33 91	7_ □Remove
			□Change
			□Add
			□Remove
į			Change
		-1	□Add
			Remove
			□Change

D. If amending any	other information, er	nter change(s) here:	(Attach additional sh	eets, if necessary.)	
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(If an effective date is lis Note: If the date ins	other than the date of sted, the date must be speci serted in this block does e date on the Departmen	fic and cannot be prior to c s not meet the applicable	date of filing or more than e statutory filing requir	(optional) 90 days after filing.) Pursuant ements, this date will not b	to 605.0207 (3)(se listed as the
the record specifies a decord is filed.	lelayed effective date, b	ut not an effective time	, at 12:01 a.m. on the e	arlier of: (b) The 90th day	y after the
Dated June	: /	, 2021			
i ·		e of a member or authorize	ed representative of a mer	nber	_
		Anthony 1 Typed or printed n			
		Typed or printed n	ame of signee		

Filing Fee: \$25.00