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T. MATTHEWS
DEC 17 2021

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		•
Sandra Sac	casa, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandra Sacasa		
		Name of Person	
	Sandra Sacasa, LLC		
		Firm/Company	
	11373 SW 87th Terrace		
		Address	
	Miami, FL 33173		
	 	City/State and Zip Code	
	shano_sm@hotmail.com		
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Sandra Sacasa		305 910-7517 at ()	
Name o	f Person		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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 21 GEC - 6 PM 3: 11 OF

Sandra Sacasa, LLC

(Name of the Limited Liab (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L21000065360	Company were filed on 02/08/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "La	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, :	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	Cit	, Florida Zip Code
New Registered Agent's Signature, if changing Register	City	Zip Code
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dut agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nture 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 = M AMBR = A	anager uthorized Member	Address 21 DEC -6 PH 3: 11	
<u>Title</u>	<u>Name</u>	Address 21 DCC -5 FIT ST	Type of Action
P	Sacasa, Sandra C	11373 SW 87th Terrace, Miami, FL 33173	□Add
			■Remove
			□Change
AMBR	Sacasa, Sandra C	11373 SW 87th Terrace, Miami, FL 33173	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove

_____ □Change

President to Authorized Membe	er. The information entered in previous page is intended to change Sandra Sacasa
from President to Authorized M	ember.
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	2011 3
	2/

ective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 does not meet the applicable statutory filing requirements, this date will not be listed as
cord specifies a delayed effective da s filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	, 2021
	nature of a member or authorized representative of a member

Filing Fee: \$25.00