KZI 000 183220

(Requestor's Name) (Address) (Address)
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D. BRUCE

COVER LETTER

	ration Sect on of Corpo		•			
FI SUBJECT:	EET IN SA	ND LLC	•			
SUBJECT		Name of Limi	ited Liability Company			
The enclosed A	rticles of A	mendment and fee(s) are subt	mitted for filing.			
Please return al	l correspond	dence concerning this matter	to the following:			
		DIEGO ARONIS				
			Name of Person			
		HLW SERVICES LLC				
			Firm/Company			
		5301 SW 38TH AVE				
		· · · · · · · · · · · · · · · ·	Address			
		FORT LAUDERDALE, F	L. 33312			
			City/State and Zip Code			
		MIAMITAXSOLUCION@			2021 SEG	
		E-mail address: (t	to be used for future annual report notificati	on)		1 em
For further info	rmation cor	ncerning this matter, please ca	all:		2021 JUN -7 SEGRULADA TALLADA	
DIEGO ARON	₹IS		786 277-5684 at ()		C. T.	i Takin
	Name of F	² erson	Area Code Daytime Tel	ephone Number	AHII: 05 Stert	<u>د</u>
Enclosed is a cl	heck for the	following amount:				
\$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEET IN SAND LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
•	V =	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L21000183220</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "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)		-
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the ne
registered agent and/or the new registered office address here	<u>e</u> -	
		78 20 30 30
Name of New Registered Agent:		
New Registered Office Address:		S S N
New Registered Office Address.	Enter Florida street address	
	. Florida	
	City	Zip Cade
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>	Name	<u>Address</u>	Type of Action
AMBR	GROUNDINGS ROOTS LLC	5301 SW 38TH AVE FORT LAUDERDALE, FL 33312	Add
			■ Remove
			Change
			Remove
			Change
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fective date, if other than the	date of filing:	(option	nal)	
n effective date is listed, the date muster. If the date inserted in this bl	st be specific and cannot be prior to date o ock does not meet the applicable stat	f filing or more than 90 days after f	iling.) Pursuant to 605.	.0207
cument's effective date on the D	epartment of State's records.	tutory rung requirements, this o	date will not be liste	a as
	d effective date, but not an ef	ffective time, at 12:01 a.	m. on the earlie	er of
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Page 3 of 3

Filing Fee: \$25.00