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COVER LETTER

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CUDIECT.	SANDLOR	ES, LLC					
SUBJECT:		Name of Lin	nited Liability Co	mpany			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filin	g.			
Please retun	ı all correspo	ndence concerning this matter	to the followin	g:			
		LOVETTE DOBSON					
			Name of	Person			_
		INCFILE.COM LLC				(1) (1) (1)	7021 NUS 12 PM 2: 08
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		EFILE1234@INCFILE.CO	M				
		E-mail address: (to be used for fu	ture annual i	report notific	ation)	
For further i	nformation co	oncerning this matter, please c	all:				
LOVETTE	DOBSON		888 at (462	2-3453		
	Name of	Person		Code	Daytime T	Felephone Numbe	er
Enclosed is a	a check for th	e following amount:					
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 F Certifie (additional	_		Certifie	ate of Status &
Re Div P.C	iling Address gistration S vision of Co D. Box 632 llahassee, F	Section orporations 7		Division The Cen 2415 N.	ntion Secti n of Corpo ntre of Tal	orations llahassee Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN	IDLORES, LLC			
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our l Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability C	ompany were filed on 04/20/2021	and assigned		
lorida document number L21000184099	<u>_</u> :			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limi	ited liability company here:			
SAND LORD - 0321 LLC				
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE <u>A STREET ADDR</u>	RESS)	7.021		
		3 3 7		
		2 7		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		7 P 0		
		<u> </u>		
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	l office address on our records, g	enter the name of the new regist		
Name of Name Project and Against				
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	Enter Florida street	uddress		
	Emer 1 fortun dr eet maar edd			
	City	, Florida Zip Code		
	Cny	~~ ~~~~		

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
			
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ffective date, if other than an effective date is listed, the date	must be specific and ca	annot be prior to d	ate of filing or more	than 90 days afte	ional) er filing.) Pu	rsuant to 605.020
ote: If the date inserted in the ocument's effective date on the			statutory filing re	quirements, th	is date will	not be listed as
record specifies a delayed effer is filed.	ctive date, but not ar	effective time,	at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
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