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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co					
CITIO INCOME.	SANDY COACH SERVICES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	SANDRA A BARCELO				
		Name of Person			
	SANDY COACH SERVIO	TES LLC			
		Firm/Company	 		
	6522 KENDALE LAKES	6522 KENDALE LAKES DR APT 1101			
	Address				
	MIAMI, FL 33183				
	City/State and Zip Code				
	sandrabarcelo2021@gmail.				
For further information	concerning this matter, please c	to be used for future annual report no all:	offication)		
SANDRA A BARCELO	·)	786 222-8431			
Name o	of Person	at ()	me Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:			
Registration Division of 0		Registration S Division of Co			
P.O. Box 632		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SANDY COACH SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L21000212603}{L21000212603}$.	filed on 05/06/2021	and assigned
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 Co	ompany," the designation "LLC" or the ab	breviation "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.	ess on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		W)
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	-
	Florida	70, 215
	Tity	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		25

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

Title	<u>Name</u>	Address	Type of Action
me MGR	SANDRA A BARCELO	6522 KENDALE LAKES DR MIAMI FL 33183	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			∏ Change

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(If an e Note:	tive date, if other than the date of filing:
ne reco	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 iled.
Datec	05/26/2021
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Typed or printed name of signer.
	Signature of a member of authorized representative of a member