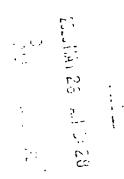
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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor				
SUDIFCT.	Sanmor (Quality LLC ited Liability Company		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fce(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		.		
	<u> </u>	Name of Person		
		Name of Person		
				
		Firm/Company	£.	
	91 3vd	St NW +	22 LA 20	
		Address	i i	
	NAPles	FL 34120 City/State and Zip Code		
		City/State and Zip Code		
	San Mok	Quality & Grant Co	ication)	
For further information of	concerning this matter, please c		,	
			_ ,	
Jenzo	Jandhez.	at (239) 877 - Area Code Daytimo	0074	
Name c	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee,	
-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:	.•	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sanmor (Ow call by L.C. illity Company as it now appears on our rec ida Limited Liability Company)	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our rec ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number <u>4 210002184</u>	Company were filed on5-11-	2 / and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	1221 //(:	
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7, 153
(Principal office address MUST BE A STREET AD	DRESS)	
		26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>e</u> : <u>e</u> :	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
		, Florida
	City	Zsp €oae

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
			□Add
			□Remove
			□Change
			□Remove
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			☐ Change
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			□Remove
			☐ Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00