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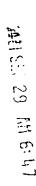
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COVER LETTER

	Registration S Division of Co			
SUBJEC		SAND LLC		
		Name of Lir	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are su	bmitted for filing.	
		ondence concerning this matter		
		LOPEZ, MYDA		
			Name of Person	
			Firm/Company	
		9817 MONTPELLIER DI	RIVE	
			Address	
		DELRAY BEACH, FT. 33	446	
			City/State and Zip Code	
		mydalisalopez@hotmail.co	m to be used for future annual report not	78
For further	r information c	oncerning this matter, please o	•	ineadon)
LOPEZ, N	AYDA		646 704-1834	
	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	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)
	ailing Addres		Street Address: Registration Se	ction
D	ivision of C	orporations	Division of Cor	
	O. Box 632		The Centre of T	allahassee
T	allahass ee , F	L 32314	2415 N. Monro	c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

721 SE. 29 All 6:47

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(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 filed on 05/11/2021 and assigned Florida document number L21000219371 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 Company," the designation "LLC" or the abbreviation "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 on our records, enter the name of the new registered agent and/or the new registered office address here: BEN-HAMO LAW, PLLC Name of New Registered Agent: New Registered Office Address: 2701 NW BOCA RATON BLVD., SUITE 118 Enter Florida street address **BOCA RATON** __, Florida 33431 Zip Code

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.

Manager Manage

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	Address	#182 29 AH 6:4	7 Type of Action
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ffective date, if other than the date an effective date is listed, the date must be sported. If the date inserted in this block document's effective date on the Department.	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
record specifies a delayed effective date is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Signa	ature of a member or authorized representative of a member
~	
	Lifty Lane

Filing Fee: \$25.00