## L21000270413

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## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	rporations					
	CAPITAL LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresponder	ondence concerning this matter	to the following:				
	ELSA CASTANO CALZA	NDA				
		Name of Person				
	SANODA CAPITAL LLC					
		Firm/Company				
	6244 GRAND CYPRESS	CIR				
		Address				
	LAKE WORTH, FL, 3346	3				
		City/State and Zip Code				
	sanodacapital@gmail.com					
	E-mail address: (	to be used for future annual report notif	ication)			
For further information of	concerning this matter, please c	all:				
ELSA CASTANO CAL	ZADA	980 2546039 at ( )				
Name (	of Person		: Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANODA CAPITAL 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 filed on  $\frac{06/10/2021}{1}$ and assigned Florida document number L21000270413 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 "LLC" 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELSA C CASTANO CALZADA	6244 GRAND CYPRESS CIR	□Add
		LAKE WORTH, FL, 33463	□Remove
		<del></del>	■Change
AMBR SEBASTIAN CASTANO-SASTRI	SEBASTIAN CASTANO-SASTRI	6244 GRAND CYPRESS CIR	
	LAKE WORTH, FL, 33463	□Remove	
			□Change
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Note: If the date inserted in	an the date of filing:  (optional)  (ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  (this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
he record specifies a delayed e ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST 1	Signature of a member or authorized representative of a member
	t sa Castano Co Bado  Typed or printed name of signee