

K21000346696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

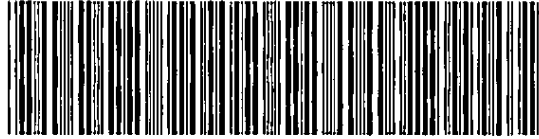
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANDWICHES BUILDING 16 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNNY L. PARTIDAS OLMEDO

Name of Person

SANDWICHES BUILDING 16 LLC

Firm/Company

1671 NE MIAMI GARDENS DR APT 146

Address

MIAMI FL 33179-4933

City/State and Zip Code

sandwichesbuilding16@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHNNY L. PARTIDAS OLMEDO

305 240-8521
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SANDWICHES BUILDING 16 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 08/02/2021 and assigned
Florida document number L21000346696

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:

1671 NE MIAMI GARDENS DR APT 146

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33179-4933

Enter new mailing address, if applicable:

1671 NE MIAMI GARDENS DR APT 146

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33179-4933

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:

JOHNNY L. PARTIDAS OLMEDO

New Registered Office Address:

1671 NE MIAMI GARDENS DR APT 146

Enter Florida street address

MIAMI

City

Florida 33179-4933

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.


If Changing Registered Agent, Signature of New Registered Agent

If ~~2~~ pending 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>	<u>Address</u>	<u>Type of Action</u>
P	Johnny L. Partidas Olmedo Sr	1671 NE MIAMI GARDENS DR	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
V	Deisy J. Duarte Acosta Mrs	1671 MIAMI GARDENS DR	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Johnny L. Partidas Olmedo	1671 NE MIAMI GARDENS DR APT 146	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179-4933	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Vilchez	14951 SW 82ND LN APT 403	<input checked="" type="checkbox"/> Add
		MIAMI FL 33193-3118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEP -8 AM 9:52

SEP - 8 AM 9:52

(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)

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.

Dated _____

Signature of a member or authorized representative of a member

JOHNNY L. PARTIDAS OLMEDO

Typed or printed name of signee

Filing Fee: \$25.00