## L21000407767

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

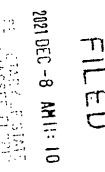
Office Use Only



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11/04/21--01009--001 \*\*25.00



A. RAMSEY DEC 08 2021



November 15, 2021

SANMA IDIENOLD 1911 SW 17TH AVE BOYNTON BEACH, FL 33426

SUBJECT: SANMA LOGISTICS LLC

Ref. Number: L21000407767

We have received your document for SANMA LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 921A00027686

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	SANMA LOGIS Name of Lim	STICS LLC ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	SANMA	Inenold Name of Person	···
			_
	SANM	A LOGISTICS L	LC
	_	17th Ave	
		n Beach, FL, 33 City/State and Zip Code	3426
		mma@ GMail. Com o be used for future annual report notif	
For further information co	ncerning this matter, please ca		
Sanma Name of		at ( <u>954)</u> <b>8</b> 03 - 8	3 3 7 7 Telephone Number
		0.09.000	
Enclosed is a check for the	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)

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

FILED
2021 DEC-8 AMII: 10

SANMA	LOGISTICS LLC
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li-	ability Company were filed on 10-04-2021 and assigned
Florida document number <u>L2100040</u> 3	<u> 767                                   </u>
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registerec</u> is here:
Name of New Registered Agent:	SANNA IDienold
New Registered Office Address:	1911 Sw 17th AYC Enter Florida street address
	Boynton Beach, Florida 33426  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 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	Type of Action
MGR	Sanma Sara	1911 SW 17th Ave	□Add
		Boynton Beach, FL,331	<u>≁16</u> ⊈Remove
			□ Change
MGR	Sanma TDienold	1911 SW 17th Ave	<b>%</b> Add
		Boynton Beach, FL, 334	26 □Remove
	<u>-</u>	Change	
			□Add
			□Remove
			□Change
			□Add
			Remove
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Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	12-08-2021.
	Lilentel Summer  Signature of a member or authorized representative of a member
	IDIE170LD SAMMA Typed or printed name of signce

Filing Fee: \$25.00