Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OHANA SANDS, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHANA SANDS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparida document number L21000492387	any were filed on <u>11/16/21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the nar	ne of the new register
Name of New Registered Agent:		2021 C
New Registered Office Address:		AH.
	Enter Florida street address	- <b>8</b>
<del></del>	, Florida, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	- C - 8 AM 10: 54
I have be a something and a registered agent and	annua to not in this capacity. I further a	aran to comply with

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>	Name	Address	Type of Action
AMBR	Cassandra Mitchell	7901 4TH ST N STE 300	<b>X</b> Add
		ST. PETERSBURG, FL 33702	⊡Remove
			□Change
	and my		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			□Change
			🗆 Add
			□Remove
			□ Chanus

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Typed or printed name of signee