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COVER LETTER

TO: Registration So Division of Con			
Sandhill 82	282 LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Carlos Orellano		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	
	Tullahassee, FL 32301		
	<u> </u>	City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address; ((to be used for future annual report notification)	2021 (HE) 26
For further information c	oncerning this matter, please c	all:	हरू (८९
Carlos C/O ZenBusines	s. Inc.	844 493-6249 at ()	o 77
Name o	f Person	Area Code Daytime Telephone Number	14:12
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (e of Status &
Mailing Addres Registration S		Street Address:	
Division of C		Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandhill 8282 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 $\frac{2021-12-22}{12-22}$ _____ and assigned Florida document number 1.22000000602 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

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.

Cin

If Changing Registered Agent, Signature of New 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ted Chang	5175 Bullis Rd	□Add
		Saint Cloud, FL 34772	□Remove
			■ Change
MGR	Junghyun Kim	5175 Bullis Rd	≣ Add
		Saint Cloud, FL 34772	□Remove
			□Change
	·		□Add
		<u> </u>	□Remove □Change
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ffective date, if other than th	ne date of filing:	(optional)
an effective date is listed, the date m	ne date of filing: just be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605.0
ocument's effective date on the	Department of State's records.	equirements, this date will not be listed
record specifies a delayed effect	ive date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after
f is filed.		·
		19
oated	2023	
ated	. 2023	
/s/ Ted Chang	·	
ated	Signature of a member or authorized representative of	2872, 1177. 26 a member PH

Filing Fee: \$25.00