K22 CCC 155632

(Re	questor's Name)	 -
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SANIBEL HOLDIN	IGS LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	(Carlos J Vilches		
		Name of Person		
	Sar	nibel Holdings LLC		
		Firm/Company		
	6.	741 NW 103 Ave		
		Address		
	Doral, FL 33178			
		City/State and Zip Code		
	E mail address:	to be used for future annual report	notification)	
For first or information		•	notineation)	
For luriner information	concerning this matter, please c	aii.		
-	Vilches	at (<u>305</u>)	7987764	
Name	of Person	Arca Code Day	rtime Telephone Number	
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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SAN	NIBEL HOL	DINGS LLC 2022 MAY 27 PM 10: 04
		iability Company)
The Articles of Organization for this Limited Li	iability Company	were filed on April 19, 2022 and assigned
Florida document number <u>L22000185</u>	632	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liab	ility company here:
No Change		
The new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N. O.
(Principal office address MUST BE A STREE	T ADDRESS)	No Change
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		No Change
B. If amending the registered agent and/or ragent and/or the new registered office address	~*	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	No Char	ige
New Registered Office Address:	No Char	ge
		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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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>	<u>Name</u>	Address	Type of Action
AMBR	Andrea Martinez Gomez	C/. Maria de Molina 16, 1D, Madrid, Spain	X Add
			□Remove
			□Change
			□Add
			Remove
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			□Remove
			□ Change

 	
	
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ffective date, if other	than the date of filing: (optional) he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted	lin this block does not meet the applicable statutory filing requirements, this date will not be listed as
	e on the Department of State's records.
record specifies a delaye	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated May 23rd	2022
ateu	
	Signature of a member or authorized representative of a member
	/
	Carlos J Vilches Typed or printed name of signee