# L22000190843

(Dawlantada Marra)
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## **COVER LETTER**

TO: Registration S Division of Co	
Sandy Gals SUBJECT:	LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Juan Javier Darquea
	Name of Person
	Daveri Consulting
	Firm/Company
	73 Highlands Blvd Apt 6206
	Address
	Savannah GA 31407
	City/State and Zip Code
	jjdarquea@hotmail.com
For further information co	E-mail address: (to be used for future annual report notification)
Juan Javier Darquea	1 9124826559 at( )
Name of	
Enclosed is a check for th	e following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee FI 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandy Gals LLC			
( <u>Name of the Limited</u> (A	Liability Comp Florida Limited	any as it now appears on our records.) Liability Company)	,
The Articles of Organization for this Limited Liab lorida document number L22000190843	ility Company	y were filed on April 1 2022	and assigned
his amendment is submitted to amend the follow	ing:		
. If amending name, enter the new name of th	ne limited lial	pility company here:	
Daveri Consulting LLC			
he new name must be distinguishable and contain the word	ds "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicab	le:	NA	
Principal office address MUST BE A STREET .	ADDRESS)		· · · · · · · · · · · · · · · · · · ·
inter new mailing address, if applicable:		73 Highlands Blvd Apt 6206	
ter new mailing address, if applicable:	)X)	Savannah GA 31407	四层 65
			m
s. If amending the registered agent and/or reg gent and/or the new registered office address l		address on our records, enter th	ie name of the new regis
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street address	
		, Flor	ida
		City	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 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
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			□Remove
			□Change
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			□Remove
			□Change
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feetive date, if other than the date of filing:  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, the current's effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records.  Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after its filed.				
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