## -99000318902

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	_	
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TALLAHASSEE, FLORIDA

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ELORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:

PLEASE USE FUNDS FRO	OM ACCT: 120210000160 AMOUNT: 25.00
AUTHORIZATION: Sand Element – 1, LLC	L22000318205 fanstelle
Business Name	Document Number, (if known):
Walk in	Pick up time
Walk III	<del> '                                 </del>
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X_AniendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ( )Coun	Other
Coun	иу

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_

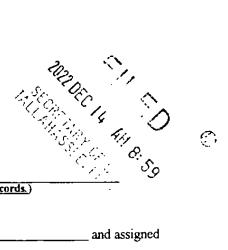
PLEASE USE FUNDS FROM ACC	f: 120210000160 AMOUNT: 25.00
AUTHORIZATION:  Sand Element – 1, LLC L2200  Business Name	Jan Lule  0318205  Document Number, (if known):
Walk in Mail out	Pick up time Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ( )	Other

## **COVER LETTER**

	Registration Se Division of Cor			
cup iec	Sand Eleme	nt-1, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Christopher Paulick	מי	
			Name of Person	<del></del>
		Sand Element-1, LLC		
		<del> </del>	Firm/Company	<del></del>
		1200 BRickell Ave #1950		
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		.blacksandplant1@gmail.com		
For furth	er information c	E-mail address: ( oncerning this matter, please of	to be used for future annual report no all:	litication)
Christopl	her Paulick		305 501-1432	
	Nате о	f Person		ne Telephone Number
Enclosed	is a check for th	he following amount:		
■ \$25.0	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 Addres		Street Address:	
	Registration !		Registration S	
	Division of C P.O. Box 632		Division of Co The Centre of	
	Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sand Element - 1, 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 Florida document number L22000318205	were filed on 7/19/22	and assigned
This amendment is submitted to amend the following:	<b>~</b>	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 Brickell Ave # 1550	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	
Enter new mailing address, if applicable:	701 Brickell Ave #1550	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the r</u>	
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	. Florida	<b>a</b>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I opposited for in Chapter 605, F.S.	am familiar with and Or, if this document is
if Chai	nging Registered Agent, Signature of Nev	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>	<u>Name</u>	Address	Type of Action
AMBR	Alvaro Gilardo	1200 BRickell Ave #1950	□Add
		Miami, FL 33131	■Remove
		*	□ Change
			□ Add
			□Remove
			□Change
		.,	□Add
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			☐ Change
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ctive date, if other than the date of filing:		(	(optional)
etive date, if other than the date of filing: effective date is listed, the date must be specific and of If the date inserted in this block does not make	annot be prior to date of f	iling or more than 90 day	s after filing.) Pursuant to 605
ment's effective date on the Department of St	te's records.	ory ming requirement	s, this date will not be list
ord specifies a delayed effective date, but not a	n effective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day after
filed.			
d December 14, 2022			
7 1.1 7	) (		
	inher or authorized repre	constatute of a	

Filing Fee: \$25.00