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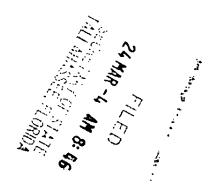
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COVER LETTER

Division of Corp	orations			
SAND FUTU	IRE USA LLC			
SUBJECT:				
	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Jacob Sand			
		Name of Person		
	SAND FUTURE USA LLC			
		Firm/Company		
	5500 N MILITARY TRAIL APT 213			
		Address		
	BOCA RATON, FL 33496			
	Jacob@sandfuture.com	City/State and Zip Code		
	E-mail address: (t	to be used for future annual i	report notification)	
For further information cor	ncerning this matter, please or	ıll:		
Jacob Sand		+1 561	5376616	
	<u> </u>	at ()	Daytime Telepho	
Name of F	Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	ldress:	

Registration Section

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SAND FUTURE USA LLC

Zenna (Constitution of the Constitution of the (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	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
AVA of Norway LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
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)		
		<u>. </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new registere
agent und of the new registered office undiress here.		
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street addi	ress
		PL
	City	Florida 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
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		□Change	
			□Remove
			□Change
			□Add
		 .	Remove
			□Change

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i effe <u>te:</u>	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of the day after the record is filed.
ted _	$\frac{\sqrt{22}}{\sqrt{22/3024}}$. $\frac{2024}{\sqrt{22/3024}}$.
	Marsh for 2
····	Signature of a member or authorized representative of a member

Filing Fee: \$25.00