L23000044750

•
(Requestor's Name)
(Address)
(**************************************
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

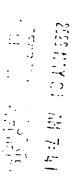
Office Use Only

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COVER LETTER

TO: Registration S Division of Co			
	Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Elizabeth Doyle		
		Name of Person	
	Sandpiper Services LLC		
		Firm/Company	
	4495 Lake Valencia Blvd	w	
		Address	
	Palm Harbor, FL 34684		
	.,	City/State and Zip Code	
	tdj672014@gmail.com		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	ан:	
Elizabeth Doyle		630 6977889 at ()	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63	27	The Centre of T	Fallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandpiper Services LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{1.23000044750}{1.23000044750}$.	ere filed on 01/24/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation "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)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		20 20 20 20 20 20 20 20 20 20 20 20 20 2
New Registered Office Address:		
	Enter Florida street address	7, 0
	, Florida	no =
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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 Changing Registered Agent, Signature of New 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

Title	<u>Name</u>	Address	Type of Action
MGR	Elizabeth Doyle	4495 Lake Valencia Blvd W	
		Palm Harbor, FL 34684	□Remove
			□Change
			□Add
			Remove
			Change
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			☐ Change
		190.00	□ Add
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Effective date, if other than (If an effective date is listed, the date	he date of filing:			(optional)	D
Note: If the date inserted in this					
document's effective date on the	: Department of St	ate's records.			
		in effective time, a	at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
	ctive date, but not a				
e record specifies a delayed effe rd is filed.	ctive date, but not a				
rd is filed.	ctive date, but not a	2023			
	ctive date, but not a				
rd is filed.		2023	L		
rd is filed.		2023	1 representative of a n	nember	

Filing Fee: \$25.00

COVER LETTER

TO:	Registrati Division o	on Section f Corporations	
SUBJEC	Sandp	iper Services LLC	
JUDJE	···	Name of Limited Liability Company	
		es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:	
		Elizabeth Doyle	
		Name of Person	
		Sandpiper Services LLC	
		Firm/Company	
		4495 Lake Valencia Blvd W	
		Address	
		Palm Harbor, FL 34684	
		City/State and Zip Code tdj672014@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	ner informa	ion concerning this matter, please call:	
Elizabet	h Doyle	630 6977889	
	N	ame of Person Area Code Daytime Telephone Number	
Enclosed	d is a check	for the following amount:	
□ \$25.	.00 Filing F	ce \$\Bigsiz \\$30.00 \text{ Filing Fee & }\Bigsiz \\$555.00 \text{ Filing Fee & }\Bigsiz \\$60.00 \text{ Filing Fee & }\Bigsiz \\$Certificate of Status \\ (additional copy is enclosed) \\ (additional co	f Status &

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

Street Address:

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