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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
AW SANF	ORD, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The analoged Articles of	Amendment and fee(s) are sub	mittad for Glina		
Please return all correspo	ondence concerning this matter	to the following:		
	Anoune Mbengue			
		Name of Person		
		Firm/Company		
	5814 Conroy Road			
		Address		U
	Orlando, FL 32835			新型形态
		City/State and Zip Code		-12
	anounmbengue@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	i de la companya de l
For further information c	oncerning this matter, please c	all:		,135,1 11 ≟-
Jeremy Thakurdin, Esq.,		407 285-4657 at ()		1.5
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
	-	□ ess oo p::: e e	C \$40.00 EH E	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	tatus &
Mailing Addres		Street Address:	.•	
Registration S		Registration Se Division of Co		
Division of C		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AW SANFORD, LLC

(Name of the Limited Liabi (A Florid	lity Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number L23000047415	Company were filed on	1/25/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
			3
The new name must be distinguishable and contain the words "Li	mited Liability Company," the d	esignation "LLC" of	r the abbreviation A.L.C."
Enter new principal offices address, if applicable:			51 20 m
(Principal office address MUST BE A STREET ADD	RESS)		
			المهيد وي
Enter new mailing address, if applicable:			1-11 <u>C5</u>
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ecords, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	-	
New Registered Office Address:	Enter Flor	ida street address	
		Fland	al a
	City	Floric	da

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>	<u>Address</u>	Type of Action
AMBR	AWA SY	3224 DANTE DRIVE, APT 208	≘ Add
		ORLANDO, FL 32835	□Remove
			☐ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	
			□ Rgmove □ Change
		 	□Add
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		<u> </u>
ffective date, if other than than effective date is listed, the date most of the date inserted in this ocument's effective date on the	ne date of filing: ust be specific and cannot be prior to date of filing or a block does not meet the applicable statutory filing Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.020 ng requirements, this date will not be listed a
record specifies a delayed effect Lis filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
, April 17th,	2023	
ated	7	
ated April 17th.	Signature of a member or authorized representative	

Filing Fee: \$25.00