## L23000047415

(Red	questor's Name)	
(Add	iress)	
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## **COVER LETTER**

то:	Registration Se Division of Cor		, *	•
SUBJI	AW SANFO	ORD, LLC		
		Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ANOUNE MBENGUE		
			Name of Person	
		AW SANFORD, LLC		
			Firm/Company	
		3224 DANTE DRIVE, AP	Т 208	
			Address	
		ORLANDO, FL 32835		
		anounmbengue@gmail.com	City/State and Zip Code	
			to be used for future annual report not	fication)
For fu	rther information e	oncerning this matter, please ca	all:	
Anour	ne Mbengue		212 920-9563 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	25.00 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 00T 26 AM 7: 53

AW SANFORD, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L23000047415		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDE	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	ia _
	City	Zîp 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>	<u>Address</u>	Type of Action
AMBR	ANOUNE MBENGUE	3224 Dante Drive, Apt 208	
		Orlando, FL 32835	■Remove
			☐ Change
			□Add
			□Change
			□Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐Change

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	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as
•	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
etober 18th 20	023
	<del></del> .
AWED	
Signature of a memb	per or authorized representative of a member
AWA SY	

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