L23000291175

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(City	/State/Zip/Phono	e #)
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COVER LETTER

TO: Registration S Division of Co		* * * * * * * * * * * * * * * * * * *	ક . ≇
	DY SANTA, LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AMY MCQUEARY		
		Name of Person	
	THE SANDY SANTA, LL	C	
		Firm/Company	
	3547 BRITTONS COURT		
		Address	• 5
	FORT MYERS, FL 33916		
		City/State and Zip Code	• 7
	THESANDYSANTA@GM	AIL.COM to be used for future annual report notice.	firstion
For further information	e-mail address: (· +
AMY MCQUEARY	,	812 249-0773	· · ·
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:	•	
■ \$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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SANDY SANTA, 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 were filed on $\frac{06/16/2023}{}$ and assigned Florida document number <u>L23000291175</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

If anrending 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
AR	AMY MCQUEARY	3547 BRITTONS COURT	
		FORT MYERS FL 33916	□Remove
			■Change
MGR	AMY MCQUEARY	3547 BRITTONS COURT	= Add
	FORT MYERS FL 33916	Remove	
			Change
AR	AR - THOMAS MÇQUEARY	3547 BRITTONS COURT	\ \ \
	FORT MYERS FL 33916	□ Remove	
			■ Change
MGR THOMAS MCQUEARY	3547 BRITTONS COURT	■Add	
	FORT MYERS FL 33916	Remove	
			Change
		Change	
		_	□Add
			□Remove
		•	☐ Change

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	44	
Effective a	date, if other than the date of filing:	(optional)
(It'an effectiv	re date is listed, the date must be specific and cannot be prior to date of filing or n	nore than 90 days after filing.) Pursuant to 605.0207 (3
document'.	ne date inserted in this block does not meet the applicable statutory filir is effective date on the Department of State's records.	ig requirements, this date will not be listed as th
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
ord is filed.	,	
D . 1	June 22 2023	•
Dated		•
		÷ <u>·</u>
	Signature of a member or authorized representative	of a member
	AMY MCQUEARY .	cof a member Single Sin

Typed or printed name of signee