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COVER LETTER

Division of Corporations	
UBJECT: Sandy Paus Apparel LLC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Amanda Con Michael Name of Person	
Sandy Parus Agaret LLC. Fimil Company	
875 31st St SW Address	
City/State and Zip Code Sandy pawiso pace (O Cmail. Com Handladdress: (to be used for future annual report notification)	
Hand address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Mane of Person at (239) 235-1430 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$\$30.00 Filing Fee \$\square\$ Certificate of Status \$\square\$ Certified Copy (additional copy is enclosed) \$\$60.00 Filing Fee. \$\$60.00 Filing Fee. Certificate of Status (additional copy is enclosed)	
Mailing Address: Street Address:	

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

TO:

Registration Section

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

	OF	FILED
Sandy Rows And Namoof the Limited Lia (A Flo	billty Company as it now appears rida Limited Liability Company)	2023 AUG 17 AM 00 F.
The Articles of Organization for this Limited Liability	y Company were filed on <u>A</u>	
Florida document number	 '	., ·
This amendment is submitted to amend the following	<i>:</i>	
A. If amending name, enter the new name of the I Santa Paul Beach C The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable:	Jessici	a lane
(Principal office address MUST BE A STREET AD	DRESS) 9424 	Night Acron Ln. S, FL 34120
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	City	Florida
NI DO CALLAR ALCOHOLOGICA DE LA COLORA DEL COLORA DE LA COLORA DEL COLORA DE LA COLORA DEL COLORA DE LA COLORA DEL COLORA DE LA COLORA DEL COLORA DE LA COLORA DE LA COLORA DE LA COLORA DE LA COLORA DE		

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
	4444		□Add
			□Remove
			Change
		 	□Add
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	······································
•	
,	
Effect	tive date, if other than the date of filing: (optional)
Note:	tive date, if other than the date of filing:
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the iled.
Dated	Amanda Connactor Typed or printed name of signee
	amanda Connaum
	Signature of a member or authorized representative of a member
	<u> </u>