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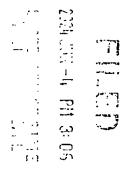
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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Omend Name Change

JUL 1 5 2024 D CUSHING

COVER LETTER

	Registration Sec Division of Corp			, 		
	1	SANPAR MANAG	GMENT SERVICES LL	 C		
SUBJEC	JT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		OR	LANDO SANTOS PER	EZ		
			Name of Person			
		SANPAR N	MANAGMENT SERVIC	CES LLC		
			Firm/Company			
			3318 Frow Avenue			
			Address			
			Miami, Florida 33133			
			City/State and Zip Code	· · · ·	<u> </u>	
			rlando.santos H@icloud			
For furth	ner information co	E-mail address: (oncerning this matter, please c	to be used for future annual all:	report notification)	ره ۳.۰.	50.54 20.54
	Orlando Sant			318-3482	-: 1 1	
	Name of	Person	Area Code	Daytime Teleph	one Number .	
Enclosed	is a check for th	ne following amount:			177 - 4 177 - 4 178 - 4	မှ 💝 တ
≡ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Certificate of Certified Cop (additional copy	Status & Y
	Mailing Addres Registration S		<u>Street A</u> Registi	address: ration Section		
	Division of C P.O. Box 632	orporations		on of Corporation entre of Tallaha		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANP/	AR MANAGMENT SERVICES I	LLC	
(<u>Name of the Limi</u>	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ay)	
The Articles of Organization for this Limited L	iability Company were filed on	April 13th, 2024	and assigned
lorida document numberL24000125340	<u> </u>		
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name o	of the limited liability compan	y here:	
	MENT SERVICES LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," (he designation "LLC" or the ab	obreviation "L.L.C."
Inter new principal offices address, if appli	cable:	3318 Frow Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33133	
			. ~ 7~7
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE		<u></u>	
	_		1 1 1
	_		70
B. If amending the registered agent and/or		ir records, <u>enter the nan</u>	ie of the new regis
igent and/or the new registered office addre	<u>ess_here</u> :	1	. G
Name of New Registered Agent:	Orlando Santos Perez		
New Registered Office Address:	3318 FrowAvenue		
Non Regimerod Office : Iddies.	Enter Florida street address		
	Miami, FL	, Florida	33133
	City		Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Orlando Santos Perez	3318 Frow Avenue, Miami, FL 33133	∄Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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If an effective Note: If th	date, if other than the date of filing:
e record spord is filed.	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
	May 15th 2024.
	May 15th 2014. Signature of a member or authorized representative of a member