L24000143505

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COVER LETTER

TO:

	tration Se on of Cor			
SUBJECT: S.	ANDRON	IAR LLC		
SUBJECT:		Name of Lin	tited Liability Company	
The enclosed A	rticles of .	Amendment and fec(s) are sub	omitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		BEJARANO, EDGAR A		
			Name of Person	
		SANDROMAR LLC		
			Firm/Company	
		7166 NW 103RD PATH		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		corporacionsandromar@gn		
For further info	rmation co	r-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
BEJARANO, E	EDGAR A		786 806-1099 at ()	
	Name of	Person		e Telephone Number
Enclosed is a ch	neck for th	e following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address tration S		Street Address; Registration Sec	ction
Divis	ion of Co	orporations	Division of Cor	porations
	Box 632 nassee, F	7 TL 32314	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDROMAR LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000143505</u>	Company were filed on March 25, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	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:	ed office address on our records, <u>enter the ma</u>	ime of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
· 	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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	EDGAR A BEJARANO JIMENEZ	7166 NW 103RD PATH DORAL, FL 33178	□Add
			□Remove
			= Change
MGR	GIOVANNI A CHIOMENTO MARQUEZ	7166 NW 103RD PATH DORAL, FL 33178	🗆 Add
			□Remove
			≘ Change
			□Add
			□ Remove
			□Change
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Effective date, if other than the date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not	meet the applic	able statutory fil	(opt more than 90 days afte ing requirements, th	ional) er filing.) Pursuant to 6 is date will not be l	05.0207 (3 isted as th
he record specifies a delayed effec ord is filed.	tive date, but no	ot an effective ti	me, at 12:01 a.n	n, on the earlier of: (b) The 90th day at	ter the
(15/21)		2024				
Dated		- ' ———				
Dated 5000 Bl	jaiano	·				
Dated U5/20 Edgar Bl	MATO Signature of a	i member or autho	orized representati	ve of a member		

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