LZH000 265966

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

no \$



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08/16/24~-01010~-005 **25.00



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 Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Talfahassee, FL 32303

Street Address:

NO\$



July 8, 2024

Christopher Laciofoli 9579 WESTOVER CLUB CIRCLE WINDERNERE, FL 34786

SUBJECT: SANDY SUN LIVING LLC Ref. Number: L24000265966

We have received your document for SANDY SUN LIVING LLC. However upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 924A00014709

AUG 12 2024

Docusign Envelope ID: 24CA891E-A186-498E-8E55-D28333B058AD

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDY SUN LIVING LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability Company)	low appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on June 11, 2024 and assigned
Florida document number L24000265966	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," 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)	7.021 7.021
-	
D. Kamanding day	777
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
a division to other address nere.	
N	
Name of New Registered Agent:	(**±1) + + + + + + + + + + + + + + + + + + +
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

DocuSign Envelope ID: 24CA891E-A188-488E-8E55-D28333B058AD in amenuing Authorized rerson(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
MGR	Joanna Iaciofoli	9579 Westover Club Circle, Windermere, FL 34786	; □Add
			= Remove
			□ Change
			DAdd
			□ Remove
			Change
		- TA	Dada Dada N
			CATALON CONTROL CONTRO
			- □ Ghange
			U <i>n</i> ga
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	· _		Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

DocuSign Envelope ID: 24CA891E-A188-498E-8E55-D28333B058AD D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated June 21 2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signce

Christopher laciofoli