Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

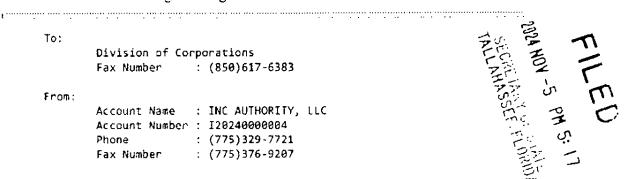
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721

Fax Number : (775)376-9207



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ktmendoza1724@gmail.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTUARY HORIZONS ENTERPRISES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

K. SALY

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		""" 3SFE"
SANTUARY HORIZONS	ENTERPRISES, LLC	"MSSEE.
(Name of the Limited Liability Camaan (A Florida Limited L	A se it box abbents on out tecolder)	
(A FROME LURINGE L	saouny Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/25/24	and assigned
Florida document number L24000455248		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
SANCTUARY HORIZONS	S ENTERPRISES, LLC	
The new name must be distinguishable and contain the words "Limited Lishib		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 oddress MAY BE A POST OFFICE ROX)		
B. If amending the registered agent and/or registered off	fice address on our records, o	nter the name of the nev
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida savet address	
	Willer & the cost sector distriction	
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## 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

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