To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 : (305)358-1310 Phone Fax Number : (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: and 8+23 a g-mail.

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ASOS & S AAM T. LEMIEUX ٠,٠

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANDOCAR LLC

(Name of the Limited Limited Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>02/09/2024</u> and assigned Florida document number <u>L24000069851</u>.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbrevia	ition "L.	1
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		024	
	• •	E	(T)
	• ;	25	-
Enter new mailing address, if applicable:		7)	. ; 7
(Mailing address MAY BE A POST OFFICE BOX)	11	TE.	J
	15		
	m	0	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the name of	the nev	<u>v registe</u> i
Name of New Registered Agent:			
New Registered Office Address:			
The Mice is the Control of the Contr			

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 affice address. I hereby confirm that the limited liability company has been notified in writing of this change.

Cirv

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
AMBR	XAVIER BASANTES	8220 NW 10TH ST	Add
		PEMBROKE PINES, FL 33024	X Remove
			Change
_AMBR	EDUARDO PATRICIO SANDOYA	8220 NW 10TH ST	XAdd
		PEMBROKE PINES, FL 33024	Remove
			Change
			
			□Remove
			☐Change

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 a Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ing requirements, this date will not be listed as the				
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m record is filed.	on the earlier of: (b) The 90th day after the				
Dated March 25, 2024.					
Signifure of a member or authorized representation	ve of a member				
ESTRELLA TINOCO					

Typed or printed name of signee