

L24000008017

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC.
Account Number : 120200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2025 MAY 19 AM 10:54

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MAY 19 PM 12:45

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANTIAGO & NETO LLC**

Certificate of Status	0
Certified Copy	0
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May 19, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SANTIAGO & NETO LLC
2786 SUMMERSHINE STREET UNIT 105
LAND O LAKE, FL 34638US

SUBJECT: SANTIAGO & NETO LLC
REF: L24000008017

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The authorized person you are adding is missing information ie...title, name and complete address.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H25000179187
Letter Number: 725A00010813

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

FILED

2025 MAY 19 AM 10: 54

SANTIAGO & NETO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/3/2024 and assigned
Florida document number L24000008017.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:SANSUNTZU LLC

The new name must be distinguishable and contain the words "Limited Liability Company," 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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALESSANDRA AMARAL	2786 SLAINERSHINE STREET UNIT 105	☒ Add
		LAND O LAKE, FL 34638	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

2023 JUN 15
ST. JOHN'S
TALLAHASSEE, FLORIDA

FILED
2023 MAY 19 AM 10:54
TALLAHASSEE, FLORIDA

Dated MAY 01 2025

Signature of a member or authorized representative of a member

LUIZ CARLOS SANTIAGO JUNIOR

Typed or printed name of signer