

06000021829

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/24/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTIAGO HOLDINGS 2 LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RINA MENDOZA

(Name of Person)

SANTIAGO HOLDINGS 2 LLC

(Firm/Company)

251 CRANDON BLVD #306

(Address)

KEY BISCAIYNE FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

RINA MENDOZA

(Name of Person)

at (786) 533 3786

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SANTIAGO HOLDINGS 2 LLC

(Name of the Limited Liability 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 02/28/2006 and assigned Florida document number L06000021829.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

3330 NE 190 ST
SUITE 1416
AVENTURA FL 331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	MIGUEL NOLE	Calle 72A # 1-20 BOGOTA COLOMBIA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RINA MENDOZA	Calle 72A # 1-20 BOGOTA COLOMBIA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RINA MENDOZA	251 CRANDON BLVD # 306 KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MIRYAM MENDOZA	3330 NE 190 ST SUITE 1416 AVENTURA FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 19, 2008.

Signature of a member or authorized representative of a member

RINA MENDOZA

Typed or printed name of signee