L100000 25922

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SECRETARY OF SIME

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COVER LETTER

TO: Re	gistration Secti vision of Corpo	ion Prations	•	·	
	SANTONA 3				
SUBJECT:	-	Name of Limit	ed Liability Company		
The enclose	d Articles of Ar	mendment and fee(s) are subm	nitted for filing.		
Please retur	n all correspond	lence concerning this matter to	o the following:		
		SCOTT VILLANUEVA			
			Name of Person		
		SCOTT VILLANUEVA			
Firm/Company					
1430 SOUTH DIXIE HIGHWAY, SUITE 313					
			Address		
CORAL GABLES, FL 33146					
			City/State and Zip Code		
		SVILLANUEVA@SGVLA			
		E-mail address: (1	o be used for future annual report notific	ation)	
For further	information cor	ncerning this matter, please ca	ill:		
SCOTT V	ILLANUEVA		at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
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

SANTONA 314, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears o liability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number L10000025922	ability Company	were filed on 03/08	1/2010	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	the limited liab	ility company here	:	
The new name must be distinguishable and contain the v	orde "Limited Liabi	tity Company " the des	ignation "LLC" or the s	abbreviation "L.L.C."
The new name must be distinguishable and contain the venter new principal offices address, if applic			XIE HIGHWAY, SU	
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLE	S, FL 33146	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	or registered o	CORAL GABLE		おります。
Name of New Registered Agent:	SCOTT VILL	ANUEVA		- <u></u>
New Registered Office Address:	1430 SOUTH	DIXIE HIGHWAY,	SUITE 313	
	ÇORAL GAB		, Florida _	33146
		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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AFIF CHANOUHA	1430 So. Dixic Hwy	Add
		314B	■ Remove
		Coral Gables, FL 33146	Change.
MGR	SCOTT VILLANUEVA	1430 So. Dixie Hwy	⊟ ∆dd
		SUITE 313	
		Coral Gables, Fl. 33146	
			Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change

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f an effe Note:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	SEPTEMBER 6 2019
Dated _.	Signature of a member or authorized representative of a member