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SECRETARY OF STATE
ANASSEF HUGBION

J. BRYAN

001 14 2011

EXAMINER

COVER LETTER

TO:	Registration Section To Division of Corporations	
SUBJI	ECT: SANTEEZ LLC. Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Revital Santiago & Name Seperson	TILEU SAIDE
	SAN TEEZ LLC Firm/Company	SERVICE OF THE PARTY OF THE PAR
	225 E BUYLEIGH BL Address	ORION TO
	TAVAREZ, FL 32778 City/State and Zip Code	
	Santeezaolo@hotmail.com E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
	Name of Person at (321) 356. 9236 Area Code & Daytime Telephone Number	
Enclose	sed is a check for the following amount:	
5 25	(additional copy is enclosed) Certified	e of Status &

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**

ARTICLES O	F AMENDMENT
	TO Sold Sold Sold Sold Sold Sold Sold Sold
· ARTICLES OF	ORGANIZATION
	OF The state of th
SAN -TEEZ (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on _09 106 12011 and assigned
	and assigned
Florida document number <u>L1000100187</u> .	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	225 E. BURLEIGH BUD.
(Principal office address MUST BE A STREET ADDRESS)	TAVARES FL 32778
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	725 E. BURLEIGH BUD. TAVARES, FL. 32778
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	Linei Fiorida sireel dadress
· · · · · · · · · · · · · · · · · · ·	, Florida
	City Zin 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 changé.

If Changing Registered Agent, Signature of New Registered Agent

or Managin	g Member being added or removed from	n our records, <u>enter the title, name, and addre</u> our records:	ess of each Manager
MGR = Mai	nager outles.		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ERIC MCDANIEL	MOUNT DORA FL 32757	☐Add ☐ Remove
MGRM	ISAAC SANTLAGO AND REVITAL SANTLAGO AS JOINT TENANT WIREGATI OF SURVIVORSHIP	438 S. LANCELOT AVE. ORLANDO, FU. 32839	Add Remove
			Add Remove
MGRM	IDO DAVID MARICELA DAVIDAS JOINI TENANT WIRIGHT OF GURVIVORSHIP	9450 PERKY CYPRES ORIANDO JEL. 32826	Add Remove
			Add Remove
	Revi Sontiago.	NS 8 S.Lancelot AV	Add Kemove
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
		A H	HOCT 13 PM 12: 48
Dated	<u> 10/2011</u> ,	-As	
	_	authorized representative of a member	
	REUITAL SANTIAG	printed name of signee	

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Filing Fee: \$25.00