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PICK-UP	WAIT MAIL
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CUB INCO.	SANTIS INVESTME	ENTS 0909, LLC		
SUBJECT:	Name of Limit	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CLA	JDIA LOPEZ NADORFY		
		Name of Person		
		Firm/Company		
	111	68 SPARKLEBARRY DR		
		Address		2021 SE
	FORT MYERS, FL 33913		NOV CRE	
		City/State and Zip Code		N 21 P ETARY C LAHASS
For further information c	E-mail address: (o	o be used for future annual report not	fication)	2024 NOV 21 PM 3: 11 SECRETARY OF STATE TALLAHASSEE, FL
		at (JE -
Name o	f Person	Area Code Daytin	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration	Section	Street Address: Registration Se		
Division of C	orporations	Division of Cor	rporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTIS I	INVESTMENTS 0909, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears forida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	06.21.2011	and assigned
Florida document numberL11000072229			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>፡</u>	
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			2021 SE
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		SECRET
	-		AFANY P
			75% P 17
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ords, <u>enter the na</u>	ne of the new registered
agent and/of the new registered office address in	<u>ere</u> .		PA =
Name of New Registered Agent:			hi
Name of New Registered Agent.			
New Registered Office Address:	Enter Florid	a street address	
	Enter Floria		
·-	City	Florida _	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 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	<u>Address</u>	Type of Action
MGR	NADORFY DE LOPEZ, EVA	244 BISCAYNE BLVD, UNIT 341	
		MIAMI, FL 33132	■Remove
		•	□Change
MGR	LOPEZ. RODOLFO	244 BISCAYNE BLVD, UNIT 341	□Add
		MIAMI, FL 33132	Remove
			Remove SECRETAN TALLAH
			AHASSEE, FLORemove
			☐ ☐ Change
			🗆 Add
			□Remove
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			☐ Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 Marg. 11 the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. NOVEMBER 18th 2024 Signature of a member or supportized/representative of a member				
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				
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		Signature of a member or a	hthorized/representative of a member	