## 111000134458

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(Bu	siness Entity Nan	ne)
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DIVISION OF CORPORATION OF STATE

T. MATTHEWS

## **COVER LETTER**

Division of Cor	rporations		
SABANAT	4OLDINGS LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The medical Amister of	A and the date and the set of the	and the set of the second	
The eliciosed Afficies of	Amendment and fee(s) are sub	influed for fring.	
Please return all correspo	ondence concerning this matter	to the following:	
	Santiago Ordonez		
	Canaago Craones		
		Name of Person	
	N/A		
		Firm/Company	
	500 A 1.1 t- 11t		
	500 three Islands Blvd, Ap	UN124	
		Address	<u></u>
	Hallandale Beach, FL, 330	09	
		City/State and Zip Code	
	sabanaholdingsllc@gmail.c		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Santiago Ordonez		754 9715361	
		at () Area Code Daytim	
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(,
Mailing Addres	NS:	Street Address:	
Registration :	Section	Registration Sec	ction
Division of C	Corporations	Division of Cor	porations

P.O. Box 6327

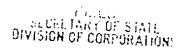
Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 MAY -6 AH 8: 33

## SABANA HOLDINGS 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 \_\_\_\_\_ and assigned Florida document number \_ L11000134458 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 contain the words "Limited Liability Company," the designation "L.LC" 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 Zsp 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>	Type of Action
MGR	Marcela Solano	1510 SW 15th TER, Ft Lauderdale, 33312	□Add
			■Remove
			Change
MGR	Santiago Ordonez	500 Three Islands Blvd, Apt M24, Hallandale Bouch, Fl. 35009	<b>\</b> Add
			□Remove
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te: If the date inserted in this	the date of filing:
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 2nd	2022
May 2nd led	

Filing Fee: \$25.00