

L13000158649

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE

LA.
12/14/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANTO'S BOYNTON BEACH, 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:

JOSEPH M. LANDOLFI, JR.

Name of Person

SHAPIRO, BLASI, WASSERMAN & HERMANN, P.A.

Firm/Company

7777 GLADES ROAD, SUITE 400

Address

BOCA RATON, FL 33434

City/State and Zip Code

JLANDOLFI@SBWH.LAW

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH M. LANDOLFI, JR.

561 477-7800
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 Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SANTO'S BOYNTON BEACH, 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 11/12/2013 and assigned
Florida document number L13000158649.

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 "LLC" 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)

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SECRETARY OF
TREASURY

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 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>	<u>Type of Action</u>
MGR	YOU, YUAN CHI	3400 N. FEDERAL HWY	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	CHAN, WAI	39 WINEGAR LANE	<input type="checkbox"/> Add
		STATEN ISLAND, NY 10310	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	WEI, WEI	4933 NW 103RD AVE	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	GARCIA, MARIO E. TAX	3400 N. FEDERAL HWY	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	WANG, LI FENG	2121 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		#100	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	CHEN, ERIC	10610 PEBBLE COVE LN	<input type="checkbox"/> Add
		BOCA RATON, FL 33498	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

[illegible]

(If 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)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00