114000093281

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400261364794

06/20/14--01034--014 **60.00

14 JUN 20 PM 3: 07
SECRETARY OF STATE

JUN 2 5 2014

T. BROWN

COVER LETTER

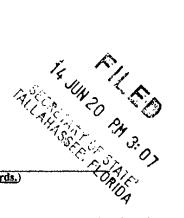
TO: ,	Registration Se Division of Cor			
		ARENTALS LLC		
SUBJE	CCT:	Name of Lim	ited Liability Company	·
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ANDRES OCHOA		
		 	Name of Person	
		SANTONA RENTAL	S LLC	
			Firm/Company	
		5301 NW 74TH AVE		
		The second section of the second section of the second second section section sections.	Address	
		MIAMI ,FL 33166		
		ANDRES.OCHOA@S	City/State and Zip Code SAPCORP.NET	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
AND	RES OCHOA		305 2448714	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 25	5.00 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 ARTICLES OF ORGANIZATION **OF**



SANTONA RENTALS 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 Liabil Florida document number	ity Company were filed on	and assigned
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 end with the word	ls "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	·	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
_		, Florida
_	City	Zip Code
<u>New Registered Agent's Signature, if changing Regi</u>	stered Agent:	
I hereby accept the appointment as registered as	gent and agree to act in this canacity	I further garee 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	SANDRA P OCHOA	11818 SW 97TH ST	
			
		MIAMI FL 33186	Remove
			Add
			Remove
			□ Add
			□ Remove
		<u></u>	
			□ Add
		**************************************	□ Remove
		**************************************	· · · · · · · · · · · · · · · · · · ·
 			□ Add
			□ Remove
			And the transfer designation in the second con-

			☐ Remove

lf am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	etive date, if other than the date of filing:
Date	d
	Andres Other
	Signature of a member or authorized representative of a member ANDRES OCHOA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00