# L15000043991

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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THE PLACE FRANCE SCRETARY OF STATE

**S Warren** NOV 0 9 2016

## **COVER LETTER**

SUBJECT:		VICES SUPPLY LLC		
30DJECT.		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	1	LORENA CUMARE		
		Name of Person		
	L&L A	CCOUNTING SERVICES CORP		
	Firm/Company			
		5987 NW 102ND AVE		
		Address	<del></del>	
		DORAL, FL 33178		
	***************************************	City/State and Zip Code	<del></del>	
		@landlaccountingservices.com		
	E-mail address: (	to be used for future annual report notific	cation)	
For further information co	neerning this matter, please co	all:		
LORENA CUMARE		786 499-9751		
Name of	Person	at () 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

· TO:

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

SANTO SERV	VICES SUPPLY LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 03/11/2015	and assigned
Florida document number L15000043991		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		1 (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLG	لارية فالمسقدة
Enter new principal offices address, if applicable:	N/A	2020
(Principal office address MUST BE A STREET ADDRESS)		
	NIA	Sb. Sb.
Enter new mailing address, if applicable:	N/A	76 PF
(Mailing address MAY BE A POST OFFICE BOX)		
	VIII.	
B. If amending the registered agent and/or registered of		is, enter the name of the ne
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	. <b>F</b>	lorida
	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>	Address	Type of Action
MGR	GIUSEPPE CALANDRIELLO	11500 NW 88 LN	Add
		DORAL, FL 33178	■ Remove
			Change
MGR	JOSE F CALANDRIELLO	11500 NW 88 LN	<b>A</b> dd
		DORAL, FL 33178	□ Remove
			□ Change
			Add
	•		□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			SCHETARY -1 Add
			Remove
		en particular de la companya della companya della companya de la companya della c	OF Change

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Filing Fee: \$25.00