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SECRETARY OF STATE
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COVER LETTER

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TO:	Registration Se Division of Cor		v,			
SUBJI	ECT:	Santino	D-Service LLC			
		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:			
		Nadia	Kernytska Name o'Person			
			Name of Person			
		Santino	5-Service LLC Firm/Company			
			Firm/Company			
		N 32881	E 4th court			
			Address			
		Miami F	City/State and Zip Code			
			City/State and Zip Code	2 <u>4</u> 2	20	
		Santi	no. Office gmail.	ification)	5 5 S	77
For fur	ther information c	oncerning this matter, please co		HASSE	2015 SEP -4 P 12: 3	FILED
			ot (ال ال	U	[]
	Name o	f Person	Area Code Daytim	ne Telephone Number	1E :31	
Enclos	ed is a check for th	ne following amount:		·		
E \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &	

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 TO ARTICLES OF ORGANIZATION OF

vice LLC
ny as it now appears on our records.) iability Company)
were filed on $3/20/15$ and assigned
lity company here:
ty Company," the designation "LLC" or the abbreviation "L.L.C."
18956 NE YEM court
Miami FL 33179
18926 NE A H comp
Miami FL 33179
fice address on our records, <u>enter the name of the new</u> :
201 SE TAL
Enter Florida street address
City Code
e to act in this capacity. I further agree to comply with the performance of my duties, and Edm familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
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: If the date	inserted in this	block does no	ot meet the	applicable						
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		ſ.	[][1]	1	d representati					
		Signature o	f a member	or authorize	d representati	ve of a mem	ber			
					Mer me of signee					

Page 3 of 3

Filing Fee: \$25.00