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SECRETARY OF STATES

## COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Santana Rea	lty LLC		
SUBJECT.		Name of Limi	ited Liability Company	<del></del>
The enclosed	i Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Tracy Santana		
			Name of Person	
		Santana Realty LLC		
			Firm/Company	
		3154 N Greenleaf Cir		
			Address	
		Boynton Beach Fl 33426		
			City/State and Zip Code	
		Tracysantana@gmail.com		
		E-mail address: (t	o be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	ıll:	
Tracy Santa	na		561 801.9014	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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 TO ARTICLES OF ORGANIZATION OF

FILED 2915 JUN -8 PM 3: 12

SECRETARY OF STATE. TALLAHASSEE, FEORIDA

Santana Realty LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(A FIORIDA LIMITED LIA	ibility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L15000092398	vere filed on May 26th 2015	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	viation "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 here:	ce address on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<del></del>
	City	Zip Code
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## 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	Tracy Santana	3154 N Greenleaf Cir	■ Add
		Boynton Beach FL 33426	☐ Remove
		<del></del>	☐ Change
AMBR	Juliano Pagano	3154 N Greenleaf Cir	
		Boynton Beach Fl 33426	■ Remove
			☐ Change
	<del></del>		□ Add
			☐ Remove
			☐ Change
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		t an effective	time, at 12:01	a.m. on the ea	arlier of:
	ord is filed.				
The 90th day after the rec	ord is filed. 2015	,			
record specifies a delayed The 90th day after the rec ted		- 4			
The 90th day after the rec		The representati	ve of a member		-

Page 3 of 3

Filing Fee: \$25.00