

L160000 18181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

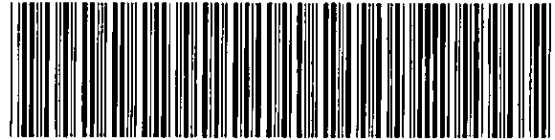
(Business Entity Name)

(Document Number)

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08/25/23--01018--015 **30.00

2023 AUG 25 PM 5:28

9/15/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTOS NUNEZ 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:

NOE TEJADA

Name of Person

ESTATE OF SANTOS NUNEZ

Firm/Company

P.O. BOX 847

Address

MIDWAY, FL 32343

City/State and Zip Code

tripletdrwall@yahoo.com

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

For further information concerning this matter, please call:

NOE TEJADA

850 251-8905

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**

SANTOS NUNEZ LLC

2023 AUG 25 PM 5:28

(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 01/26/2016 and assigned
Florida document number L160000018181

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)

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:

NOE TEJADA

New Registered Office Address:

307 PRIMROSE LANE

Enter Florida street address

QUINCY

City

Florida 32351

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	NOE TEJADA	P.O. BOX 847	<input checked="" type="checkbox"/> Add
		MIDWAY, FL 32343	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANTOS NUNEZ	P.O. BOX 615	<input type="checkbox"/> Add
		GRETNA, FL 32332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGE ROSA	P.O. BOX 615	<input type="checkbox"/> Add
		MIDWAY, FL 32332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**