# L17000047577

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



700297126797

04/28/17--01029--009 \*\*35.00

SECRETARY OF STAT

D. BRUCE NAY 24 2017

### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2017

LINDA LEPORE 615 CAPE CORAL PKWY W, UNIT 106 CAPE CORAL, FL 33914

SUBJECT: SANTA CLARA & ASSOCIATES LLC

Ref. Number: L17000067577

We have received your document for SANTA CLARA & ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 417A00009

1021 NAY 23 P 1: 3



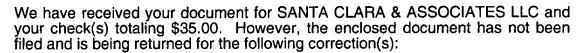
### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2017

LINDA LEPORE 615 CAPE CORAL PKWY W, UNIT 106 CAPE CORAL, FL 33914

SUBJECT: SANTA CLARA & ASSOCIATES LLC

Ref. Number: L17000067577



We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 917A00008623

SECRETARY OF STATE

FILED

## **COVER LETTER**

то:	Registration Se Division of Cor					
CUDI		a & Associates LLC				
SUBJ	EUI:	Name of Lim	ited Liability Company		_	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Linda Lepore				
			Name of Person		<del></del>	
		Caloosehatche Tax				
			Firm/Company		_	
		615 Cape Coral Pkwy W.,	Unit 106	•	· ·	
			Address		12 S	
		Cape Coral, FL 33914			2021 NAY 23 SECRETARY	7
			City/State and Zip Code		TAR ASS	
		linda.lepore@ctfs.us	to be used for future annual report notifi	nation)	Y OF	[i]
For fu	rther information o	concerning this matter, please ca	•	zanon)	F STATI	C
Linda	Lepore		239 540-2612 at ( )		A -	
	Name o	f Person		Telephone Num	ber	
Enclos	sed is a check for t	he following amount:				
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy onal 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

Santa Clara & Associates 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 Liability Company were filed on  $\frac{3/24/2017}{1}$ and assigned Florida document number L17000067577 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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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	Linda Lepore	2202 SE 8th Avenue	<b>≡</b> Add
		Cape Coral, FL 33990	□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change
	- <del></del>	<del> </del>	Add
			TALLAR Remove
			Remove  SECRETARY OF ST  TALLAHASSEE, FLG
			Remove
		·····	□ Change
	<del> </del>		□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change

-		
_	<del></del>	_
_		_
_		
		_
-		_
_		_
_		_
_		_
_		_
_		_
_		
_		
	ALLA HA	77
_	ARE TARE 2	_
_	m <sub>C</sub> ₩ -	m
_		U
ecti	ive date, if other than the date of filing:	
te:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lient's effective date on the Department of State's records.	05.020 sted a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier (
ted	May 9th 2017	
	1. (1)	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00