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COVER LETTER

	Registration Se Division of Cor		•		
SUBJEC [*]	Sante F	e Realty LLC			
SUBJEC	1	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please reti	urn all correspo	ndence concerning this matter	to the following:		
		Iris B Caudill			
			Name of Person		
			Firm/Company		
5571 Los Santos Way					
			Address		
		Jacksonville, FL 32211			
		icaudill@icloud.com	City/State and Zip Code		± Sa
		E-mail address: (to be used for future annual report notific	cation)	19 Ha
For furthe	r information co	oncerning this matter, please ca	all:		ب. به ۲ ت
Iris B Cau	udill		904 591-0096 at ()		PM
	Name of	f Person		Telephone Number	STATE PRATIO
Enclosed :	is a check for th	e following amount:			5
\$25.00	0 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 Sta Certified Copy (additional copy is et	atus &

MAILING ADDRESS:

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

Sante Fe Realty LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
lorida document number L17000233726		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
Santa Fe Realty LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		5 4 A
		15 H33
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>ත දුල</u>
		2.0
		<u>ي</u> ــــــــــــــــــــــــــــــــــــ
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address		ne name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r torida street daaress	
	, Florida	Tr. C. I.
	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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			_ Change
			□ Remove
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in effective ote: If th	late, if other than the date is listed, the date mus e date inserted in this blosseffective date on the De	t be specific and ock does not m	cannot be prior t	o date of filing or n ble statutory filir	nore than 90 days	optional) after filing.) Purs s, this date will a	uant to 605.0207 not be listed as
	specifies a delayed th day after the reco	effective dord is filed.	ate, but not	an effective	time, at 12:	01 a.m. on t	ne earlier of
record The 90t			2019			Δ	
record The 90t ted	March 5						

Page 3 of 3

Filing Fee: \$25.00 to

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