118000094643

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DIVISION OF CORPORATIONS

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COVER LETTER

	ration Section on of Corporati	ons		
SURJEC'T:	Steve	Santora Jr Name of Lin	LLC	
		Name of Lir	nited Liability Company	
The enclosed A	rticles of Amen	dment and fee(s) are sul	omitted for filing.	
Please return all	Leorrespondenc	e concerning this matter	to the following:	
		Stei	le Santora Jr	•
			Name of Person	
	_	Ste	re Santora Jr Firm/Company	ilc
		243 5	SE 46th Terr.	
			Address	
	,	Cape Con	City/State and Zip Code	
		<u>ب</u> ل		
	_	E-mail address:	to be used for future annual re	port notification)
For further info	rmation concerr	ing this matter, please o		
Ste	ve Santo	ora Jr	at(_239)2	-81 - 5 376 Daytime Telephone Number
	Name of Perso	n	Area Code	Daytime Telephone Number
Enclosed is a ch	neck for the follo	owing amount:		
∑ \$25.00 Filir	ng Fee 🔲 :	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of 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

Steve Santora Jr L	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000094643</u> .	were filed on April 16, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	SECRETARY 2
Enter new mailing address, if applicable:)
(Mailing address MAY BE A POST OFFICE BOX)	T SIMIE FORMITONS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida sirvet address
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steve Santora Jr	243 SE 46th Terr	✓ ∧dd
		243 SE 46th Terr. Cape Coral, FL 33904	□ Remove
			Change
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		-	
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			Remove
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		<u> </u>	□ Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more lote: If the date inserted in this block does not meet the applicable statutory filing re		
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlie	er of
The 90th day after the record is filed.		
mated May 14 2018		
Steve Santura J. Typed or printed name of signee		
Menature of a member of authorized epresentative of a	a member	

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