

L18000101785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

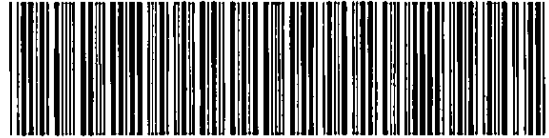
(Business Entity Name)

(Document Number)

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JUL 18 2018
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

STEVE SANTANA
423 FORESTERIA DRIVE
WEST PALM BEACH, FL 33403 US

SUBJECT: SANCUNABLASTING LLC.
Ref. Number: L18000101785

We have received your document for SANCUNABLASTING LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate a type of action for Steve Santana

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 418A00013762

49

CEI

2018 JUL 12 AM 9:57

ATTENTION
DIV OF CORP
AHASSE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2018

STEVE SANTANA
423 FORESTERIA DRIVE
WEST PALM BEACH, FL 33403 US

SUBJECT: SANCUNABLASTING LLC.
Ref. Number: L18000101785

We have received your document for SANCUNABLASTING LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please mark the "type of action" for each person on page 2 of 3.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00012324

RECEIVED
2018 JUN 28 AM 10:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANCUNABLASTING 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:

STEVE SANTANA

Name of Person

SANCUNABLASTING LLC.

Firm/Company

423 FORESTERIA DRIVE

Address

WEST PALM BEACH, FLORIDA 33403

City/State and Zip Code

SANCUNABLASTING@GMAIL.COM

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

For further information concerning this matter, please call:

STEVE SANTANA

561

360-8477

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SANCUNABLASTING 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 04/23/2018 and assigned
Florida document number L18000101785.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

STEVE SANTANA

New Registered Office Address:

423 FORESTERIA DRIVE,

Enter Florida street address

WEST PALM BEACH

City

Florida 33403

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>
P	STEVE SANTANA	423 FORESTERIA DRIVE, WEST PALM BEACH	<input checked="" type="checkbox"/> Add
		FL. 33403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P-PMGR	HECTOR FLORES	423 FORESTERIA DRIVE, WEST PALM BEACH	<input type="checkbox"/> Add
		FL. 33403	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P-OMGR	MANUEL FLORES	423 FORESTERIA DRIVE, WEST PALM BEACH	<input type="checkbox"/> Add
		FL. 33403	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FOR HECTOR FLORES POSITION, MEEN P-PMGR / PRESIDENT-PLAN MANAGER

FOR MANUEL FLORES POSITION, MEEN P-OMGR / PRESIDENT-OPERATION MANAGER

E. Effective date, if other than the date of filing: JUNE 08/2018 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 08, 2018

Signature of a member or authorized representative of a member

STEVE SANTANA

Typed or printed name of signee

18 JUL 12 PM 4:21
FILED