

L18000230560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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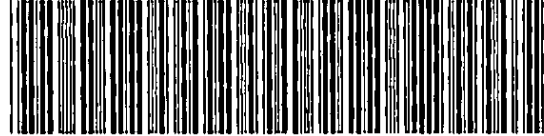
(Business Entity Name)

(Document Number)

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2018 OCT 15 A 3:11

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2018 OCT 15 PM 10:34

10/23/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Santana General Contracting, 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:

Alexandra Santana

Name of Person

Firm/Company

195 Parkwood Dr.

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

Alexa@santanageneralcontracting.com

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

For further information concerning this matter, please call:

Alexandra Santana

561 568-0591

Name of Person

at ()
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**

Santana General Contracting 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 09/28/2018 and assigned
Florida document number L18000230560.

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

_____, Florida _____
City Zip Code

v Registered Agent's Signature, if changing Registered Agent:

*rehy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability
any 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>
AMBR	Alexandra Santana	195 Parkwood Dr	<input checked="" 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
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			<input type="checkbox"/> Change

[illegible]

Effective date, if other than the date of filing: _____ (optional)

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

Dated _____, _____.

Rodolfo R. Santance

Typed or printed name of signee