k18000260737

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
JIVISION OF CORPORATION

T. MATTHEWS APR 2 7 2022

COVER LETTER

Division of Cor	porations		
SUBJECT: 18SAN LL	c		
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SARA FAIJA	N. CD	
		Name of Person	
	18SAN LLC	Firm/Company	
	4000 NE 169TH STREET	UNIT 203 Address	
	NORTH MIAMI BEACH	- FLORIDA - 33160 City/State and Zip Code	
	saraedenpoint@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Sara Faija	en .	at (305) 790-3632 Area Code Daytim	e Telephone Number
Name of	retson	Area Code Dayiiii	e receptione runtoci
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGANIZATION PILED STAFE
SECRETARY OF STAFE
DIVISION OF CORPORATIONS

22 APR 11 AM 8: 55

18SAN 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	y were filed on 11/0	6/2018 and assigned
Florida document number L18000260737		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	4000 NE 169TH	STREET UNIT 203
	NORTH MIAMI	BEACH - FL. 33160
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
3. If amending the registered agent and/or registered office agent and/or the new registered office	address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:	•••	
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
	City	Zip Code

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 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	RAFAEL BRIANNI	4000 NE 169TH STREET #203	= Add
		NORTH MIAMI BEACH FL 33160	□ Remove
			□Change
MGR FABIO CAGGIANO	FABIO CAGGIANO	4000 NE 169TH STREET #203	= Add
		NORTH MIAMI BEACH FL 33160	□ Remove
			□Change
			□Add
			□Remove
		 	□Change
			□ Add
			□Remove
			Change
			□Remove
		☐ Change	
		□Add	
			□Remove
			☐ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	3/28/2022. Acres 7-
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member SARA + AIJA Typed or printed name of signee
	Typed or printed name of signee