

h18000260737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

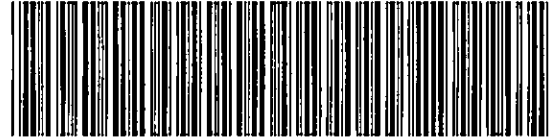
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 11 AM 8:54

T. MATTHEWS

APR 27 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 18SAN 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:

SARA FAIJA

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 notification)

For further information concerning this matter, please call:

Sara Fajja

Name of Person

at (305) 790-3632

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 Address:

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

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>
<u>MGR</u>	<u>RAFAEL BRIANNI</u>	<u>4000 NE 169TH STREET #203</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH MIAMI BEACH FL 33160</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>FABIO CAGGIANO</u>	<u>4000 NE 169TH STREET #203</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH MIAMI BEACH FL 33160</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(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)

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 3/28/2022, _____

Aime Fair
er or authorized representative

Signature of a member or authorized representative of a member

SARA FAISA

Typed or printed name of signee