## L18000274419

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations	*	•	
CHD HATT.	SANTOS C	CAPITAL ADVISERS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		JUAN L SANTOS			
			Name of Person	-	
		SANTOS CAPITAL ADV	ISERS LLC		
		<del></del>	Firm/Company		
		1221 BRICKELL AVE. SU	JITE 900		
			Address		
		MIAMI, FL 33131			
			City/State and Zip Code		
		JUAN.SANTOS@FOLION			
			to be used for future annual report not	ification)	
For further in	nformation c	oncerning this matter, please ca	ıll:		
JUAN L SA	NTOS		305 303-4279		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	e check for th	ne following amount:			
■ \$25.00 H	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)	
	iling Addres		Street Address:	ection	
Registration Section Division of Corporations			Registration Section Division of Corporations		
	). Box 632	-	The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTOS CAPITAL ADVISERS 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  $\frac{11/27/2018}{2}$ \_\_\_\_ and assigned Florida document number L18000274419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FOLIONET ADVISERS LLC 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 **Address** Type of Action Title Name \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □ Change \_\_\_\_\_\_ Remove \_\_\_\_\_ □ Add \_\_\_ \_ □ Remove ⊟Add

□ Remove

□ Change

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				<del></del>		
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<u> Note:</u> If the	te, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Departmen	s not meet the applic	cable statutory filing r	(option than 90 days after fil equirements, this d	<b>al)</b> ing.) Pursuant to 605 ate will not be list	5.0207 .ed as
record sped is filed.	ifies a delayed effective date, b	ut not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
Marc Nated	n 29th	2021				
/d1EU		·	· 0			
		31	,			
	Signatur	e of a member or author	orized representative of	a member		

Filing Fee: \$25.00