

L18 000277205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

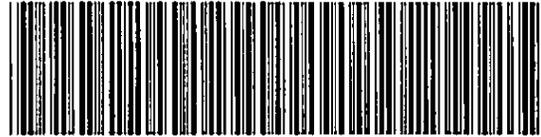
(Business Entity Name)

(Document Number)

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STATE OF TEXAS
SECRETARY OF STATE

NOV 16 2020
T. LEMLEY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAN CAP AIR 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:

ASDIEL BRUNET CARCASES

Name of Person

SAN CAP AIR LLC

Firm/Company

2271 BRUNERT LANE UNIT 6

Address

FORT MYERS, FL. 33912

City/State and Zip Code

GRBOOKKEEPING15@GMAIL.COM

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

For further information concerning this matter, please call:

ASDIEL BRUNET CARCASES

239 888-5070
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 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>
MGR	LA PUA MANAGEMENT LLC	928 SE 16TH ST	<input type="checkbox"/> Add
		CAPE CORAL FL, 33990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEGA CONTROL LLC	928 SE 16TH ST	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL, 33990	<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
			<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.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 09/29/2020 (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 SEPTEMBER 29

2020

Handwritten signature of ASDIEL BRUNET-CARCASES

Signature of a member or authorized representative of a member

ASDIEL BRUNET-CARCASES

Typed or printed name of signee