

L18000277205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

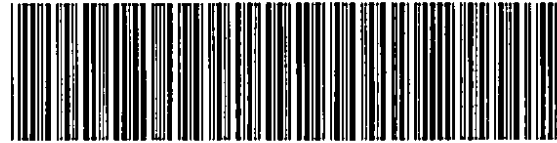
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2022 JUL 25 PM 3:39

2022 JUL 25 PM 3:39

07/25/22--01029--021

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

4901 VICTORIA DR APT 201

Address

CAPE CORAL, FL 33904

City/State and Zip Code

SANCAPHOMESERVICES@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 OR 239-887-9724

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUL 25 PM 3:39

SAN CAP AIR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
TALLAHASSEE COUNTY CLERK

The Articles of Organization for this Limited Liability Company were filed on NOV 30, 2018 and assigned
Florida document number L18000277205

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:

2275 BUNER LN UNIT 6

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL

Enter new mailing address, if applicable:

928 SE 16TH ST

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33990

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

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.

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>
MGR	ALBERTO HERNANDEZ	1002 JASMINE ST.	<input checked="" type="checkbox"/> Add
		NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAREMM SAENZ	4901 VICTORIA DR	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ALBERTO HERNANDEZ WILL ONLY HAVE 10% OWNERSHIP OF MY COMPANY

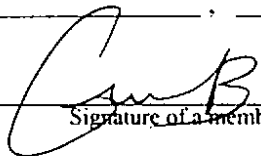
E. Effective date, if other than the date of filing: JULY 1, 2022 **(optional)**

(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 JULY 1, 2022



Signature of a member or authorized representative of a member

ASDIEL BRUNET CARCASES

Typed or printed name of signee