L18000277205

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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to 5	Tilles Officer	
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Office Use Only



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06/26/23--01014--002 **25.00

2023 SEP 18 PM 12: 25





August 18, 2023

ASDIEL BRUNET CARCASES SAN CAP AIR LLC 2275 BRUNER LN STE 6 FORT MYERS, FL 33912 US

SUBJECT: SAN CAP AIR LLC Ref. Number: L18000277205

We have received your document for SAN CAP AIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 523A00019122

SEP 18 2023

, COVER LETTER

TO:	Registration Se Division of Cor		14	•				
	San Cap A	•			•			
SUBJE	·		nited Liability Comp	any				
		Amendment and fee(s) are sub indence concerning this matter	_					
		Asdiel Brunet Carcases						
		San Cap Home Services	Name of Per	Son	<u> </u>	-		
		2275 Bruner Ln Ste 6	Firm/Compa	any		-		
		Fort Myers, FL 33912	Address			- - - - - - - - - - - - - - - - - - -	2023 SEP 18	75
		sancaphomeservices@yaho				AHASS		
For furt	her information o	E-mail address: (oncerning this matter, please c		e annual report notific	ation)	EE.FL	PM 12: 25	Č
Asdiel E	Brunet Carcases		239	888-5070 or (239)887-9724	::0	O1	
	Name o	f Person	at (Area Co) ode Daytime 1	l'elephone Numbe	T		
Enclose	d is a check for th	ne following amount:						
≘ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.(X) Filin Certified C (additional or		Certifico	ate of Stat	tus &	
	Mailing Address Registration S			treet Address: Registration Sect	ion			
	Division of C			Division of Corne				

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

(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our r Liability Company)	ecords.)			
The Articles of Organization for this Limited Liab	oility Company	were filed on June 16, 20	23	and ass	d assigned	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liab	ility company here:				
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.	C."	
Enter new principal offices address, if applicab	ole:	2275 BRUNER LN STE 0	5 .	202		
Principal office address MUST BE A STREET		FORT MYERS, FL 33912		23 SEP	erryk	
Enter new mailing address, if applicable:		2275 BRUNER LN STE	ANSSEE	8 PH	g g	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	FORT MYERS, FL 33912	2 FA	1 25		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	<u>here</u> :	NET CARCASES	enter the name of	the nev	v regi	
New Registered Office Paddiese.	FORT MYERS	Enter Florida street o	33912			
			, Florida			

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>	Type of Action
AMBR	SAREMM SAENZ	2275 BRUNER LANE STE 6	
		FORT MYERS, FL33912	=
			■Remove
			□Change
MGR	SAREMM SAENZ MOTATO	2275 BRUNER LANE STE 6	
			
		FORT MYERS, FL 33912	
			□ Rелюче
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ALBERTO HERNANDEZ - 10% OWNERSHIP - PART	TALOWNER
SAREMM SAENZ MOTATO - 0% OWNERSHIP - MAI	NAGER
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	202 3:1
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June 16, 2	2023
ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior	(optional)
e: If the date inserted in this block does not meet the applic	cable statutory filing requirements, this date will not be
ument's effective date on the Department of State's records	5.
record specifies a delayed effective date, but no	ot an effective time, at 12:01 a.m. on the e
ne 90th day after the record is filed.	ot an engelive lime, at 12.01 and an ene
June 16 2023	

Page 3 of 3