

From: Olive | Judd, P.A.  
6/9/2021

Fax:

To: 1851763830.com Fax: (850) 617-6383  
Division of Corporations

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# L19000044398

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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From:  
Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SANTANAS LLC

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**TO: Registration Section  
Division of Corporations

SUBJECT: SANTANAS 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:

Kristy E. Armada, Esq.

\_\_\_\_\_  
Name of Person

Olive Judd, P.A.

\_\_\_\_\_  
Firm/Company

2426 East Las Olas Boulevard

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33301

\_\_\_\_\_  
City/State and Zip Code

karmada@olivejudd.com

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

For further information concerning this matter, please call:

Kristy E. Armada

954  
at ( )

334-2250

\_\_\_\_\_  
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 32314Street Address:Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTANAS 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 02/13/2019 and assigned  
Florida document number L19000044398.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

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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>
AMBR	PISCA PARTICIPACOES LTDA	316 SUNSET DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BACARAJAS LTD	616 SOLAR ISLE DRIVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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