

LI4000122269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200331132242

06/24/19--01034--009 **25.01

JUN 24 AM 10:00
11:00

JUL 05 2017
C:\McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANI EFFECT ENVIRONMENTAL PAIM BEACH
Name of Limited Liability Company

2005 JUN 24 AM 10:11

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODRIGO Aguilar

Name of Person

Firm/Company

1122 Shoma Drive

Address

Royal Palm Beach, FL 33414

City/State and Zip Code

Sanieffectpb@gmail.com

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

For further information concerning this matter, please call:

Rodrigo Aguilar

Name of Person

at (561) 2553134

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

SANI EFFECT ENVIRONMENTAL PALM BEACH

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

JUN 24 2019
ARTICLE 2

The Articles of Organization for this Limited Liability Company were filed on 05/06/2019 and assigned
Florida document number L19000122269.

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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

or removed from our records.

MGR = Manager
AMBR = Authorized Member

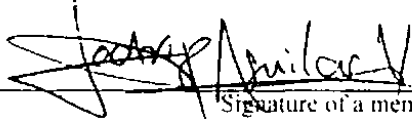
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>MBR</u>	<u>SANI Effect ENVIRONMENTAL Inc</u>	<u>1748 SW Biltmore St</u>	<input type="checkbox"/> Add
		<u>TA SAINT Lucie, Fl 34984</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Enrique J Muniz</u>	<u>1319 Parkland Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Ft Pierce, Fl 34982</u>	<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

Lined area for document content.

E. Effective date, if other than the date of filing: _____ **(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 605.020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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:
(a) The date specified in the record.
(b) The 90th day after the record is filed.

Dated June 21, 2019.



Signature of a member or authorized representative of a member

Rodeigo Aguilar

Typed or printed name of signee