L19000185449

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
	J. HC MAR	15 2024

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COVER LETTER

TO: Registration Section Division of Corporat	ions		
subject: <u>SANTO</u>	S TARGIND SHOW Name of Limited	MAN & SANTOS LL Liability Company	<u>.C</u>
The enclosed Articles of Amer			
Please return all correspondent	e concerning this matter to the	he following:	
_	MARYLANE	C. TARGINO - SHOL	uman
-		Firm/Company	
-	215 611	2 ST N Address	
	SMETY H	ARBOR, FL 34695 City/State and Zip Code	
_	MARYLANEW E-mail address: (to	ORK GMAIL COM be used for future annual report notifica	tion)
For further information conce	erning this matter, please call	:	
	_	V = 727, 643-6	6595 elephone Number
Enclosed is a check for the fo	ollowing 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 ORGANIZATIÓ (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L19000185449</u> This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	Sty 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)	DELRAY BEACH, FL 33484 - 5329
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	340 FLANDERS H DELRMY BEACH, FL 33484-5329

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:	CELITA SA	NTOS
New Registered Office Address:	340 FLANDERS Enter Florida s	treet address
	DELRAY BEACH	, Florida <u>33484–5329</u> 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 Nun Registered Agent
CELITA SANTOS

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>	Address	Type of Action
 MEMBER	MARYLANE C-TARGINO-SHOU	UMAN, 215 GTH STN	□Add
AMBR	· 11 / PRI :	SAFETY HARBOR, FL 34695	Remove
			□ Change
MEMBER	REBECCA M. SANTOS	340 FLANDERS H DELRAY BEACH, FL 33484	XiAdd
MBR		DELRAY BEACH, FL 33484	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
No.	ctive date, if other than the date of filing: TANUARY 01, 2023 (optional) 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) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
If the re record i	cord 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 s filed.
Da	ed JANUARY 01, 2024
	Simplification or authorized representative of a member
	MARYLANE C. TARGINO S AOWMAN Typed or printed name of signee

Filing Fee: \$25.00