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SECH TALLAHASSEET SECTIONS



COVER LETTER

	DER GROUP SERVICES, LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE L SANTANDER A	ARITLES	
SANTANDER GROUP SI		Name of Person ERVICES, LLC.	
20652 SW 130TH CT		Гіпп/Сопралу	
	MIAMI, FL 33177	Address	
	SANTANDER.GROUPSE		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
JORGE L SANTANDE	RARTILES	786 752-2834 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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

TO:

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

SANTANDER GROUP SERVICES, LLC

(<u>Nume of the Lim</u>	nited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited : Florida document number		on	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compa	iny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		2019) Si_C
Enter new mailing address, if applicable:			JUG 26
(Mailing address MAY BE A POST OFFICE	<i></i>		F. A
			10: 8
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ter the name of the r
	20652 SW 130TH CT		
New Registered Office Address:	Ent	er Florida street address	
	MIAMI	, Florida	33177
	City	,	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro		• • •	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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>	Address	Type of Action
MGR	JORGE L SANTANDER AKTILES	20652 SW 130TH CT MIAMI, FL 33177	■ Add
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	JULY 24TH, 20	110	
Effective date, if other than the d	ate of filing:	(optional) ate of filing or more than 90 days after tiling.) Pursua	nt to 605 0207 (
		statutory filing requirements, this date will no	
document's effective date on the Dep			
no vocavd apacifics a delayed	-ffactive data but mat a	n affactive time at 12,01 a.m. on the	a aarliar afi
The 90th day after the reco		n effective time, at 12:01 a.m. on the	earner or:
The Soul day after the reco	a is mea.		
AUGUST 19TH	2019		
Dated			
	gnature of a member or authorize	of representative of a member	
		•	
JORGE L SANTANDER	ARTILES		
	Typed or printed na	ine of signee	
	- 1		

Page 3 of 3

Filing Fee: \$25.00