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## **COVER LETTER**

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SUBJEC	FINANCI	AL, INSURANCE AND TAX	CONSULTING, LLC				
300300	···	Name of Lin	nited Liability Company				
The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing				
			•				
	•	<b>5</b>					
		Manuel Santander					
		Name of Person  FINANCIAL, INSURANCE AND TAX CONSULTING, LLC  Firm/Company  6545 Indian Creek Dr. Suite 405  Address  Miami Beach, FL 33141  City/State and Zip Code					
		FINANCIAL, INSURANC	CE AND TAX CONSULTING, LL	С			
			Firm/Company	<del></del>			
		6545 Indian Creek Dr. Sui	te 405				
		FINANCIAL, INSURANCE AND TAX CONSULTING, LLC  Firm/Company  6545 Indian Creek Dr. Suite 405  Address  Miami Beach, FL 33141  City/State and Zip Code  manuel@santandertax.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at (					
		Miami Beach, FL 33141		$\bigwedge$			
			City/State and Zip Code	A			
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				fication)			
For furthe	er information	concerning this matter, please c	all:				
Manuel S	Santander						
_	Name	of Person		e Telephone Number			
Enclosed	is a check for	the following amount:					
<b>■ \$</b> 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
] ] ]	Mailing Addre Registration Division of 0 P.O. Box 63 Fallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINANCIAL, INSURANCE AND TAX CONSULTING, 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  $\frac{04/13/2020}{1}$ and assigned Florida document number L20000101813 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Santander Capital Consultants, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." 6545 Indian Creek Dr., Suite 405 Enter new principal offices address, if applicable: Miami Beach, FL 33141 (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 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

## 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.

Cin

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 Title Name <u>Address</u> Type of Action \_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Change \_\_\_\_\_ Change \_\_\_\_ \_\_\_ □ Add \_\_\_\_\_ □ Remove \_\_\_\_\_\_ Change \_\_\_\_ □Remove \_\_\_\_\_ Change

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an effective date	is listed, the date e inserted in thi	the date of filin must be specific and s block does not r e Department of S	d cannot be prior to dat neet the applicable s	e of filing or more tha statutory filing requ	(optional) in 90 days after filing.) Pr direments, this date wi	irsuant to 605.020 Il not be listed a
record specified is filed.	s a delayed effe	ective date, but no	t an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
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	_	Signature of a	member of wathorized	i representative of a r	nember	

Filing Fee: \$25.00