L2000185690

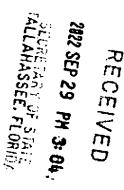
(Requestor's Name)			
V	,		
(A	ddress)		
	ddress)		
	N. (C) (D)		
(C	City/State/Zip/Phone #)		
☐ PICK-UP	WAIT MAIL		
	Business Entity Name)		
, ,	addiness Entity Harrier		
(C	Occument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	o Filing Officer:		
J. HORNE			
SEP 3 0 2022			
	DEL 20 FARE		

Office Use Only



700393323517

09/29/22--01009--010 **25.00



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SANTINI MAVRD	OI LLC			
			-	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			✓	Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	· · · · · · · · · · · · · · · · · · ·			Fictitious Owner Search
· ·				Vehicle Search
		_		Driving Record
Requested by: BA	09/29/22			UCC 1 or 3 File
Name		Time		UCC 11 Search
rattie	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:

	egistration Sec ivision of Corp			
IT 67		IAVARDI LLC		
SUBJECT	`ŧ	Name of Limi	ted Liability Company	 ,
The enclos	ed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please retu	ırn all correspoi	ndence concerning this matter t	o the following:	
		DEBRA MAWARDI		
			Name of Person	
		SANTINI MAVARDI LLO		
			Firm/Company	
		5741 OAKDALE TER		
			Address	
		HOLLYWOOD, FL 33312	:	
			City/State and Zip Code	
		SANTINIMAVARDI@AO	L.COM to be used for future annual report notification)	
For furthe	r information co	oncerning this matter, please ca		
DEBRA	MAWARDI		954 867-8180	
	Name o	f Person	Area Code Daytime Telephone N	Vumber
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
]]	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahasses, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SANTINI MAVARDI 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 L	iability Company were filed on	7/09/2 020 and assi	gned
Florida document number L20000185690	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company h	ere:	
The new name must be distinguishable and contain the	vords "Limited Liability Company." the	designation "LLC" or the abbreviation "L.I	C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
			
P. If amonding the projectioned arout and/on	maniata mada 186 a a dalam a maniata mana	d	• •
B. If amending the registered agent and/or agent and/or the new registered office addresses.	ess here:	records, enter the name of the new	registered
	DEDD A MANUARDI		
Name of New Registered Agent:	DEBRA MAWARDI		
New Registered Office Address:	5741 OAKDALE TER		
	Enter Fl	orida street address	
	HOLLYWOOD	Florida 33312 Zip Code	
		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 propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of istered agent as provided for in registered office address, I her	of my duties, and I am familiar wit Chapter 605, F.S. Or, if this docu	h and ment is
		1.	

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Sonny Mawardi	20241 NE 16 PL	🗀 Add
		Miami, FL 33179	■Remove
			□Change
			Change
			□Remove
			☐ Change
			□Add
			□ Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			[]Channa

			
	<u></u>		
			- 17
	<u> </u>		
Tective date, if other than the an effective date is listed, the date must otte: If the date inserted in this blucument's effective date on the D	date of filing: t be specific and cannot be prior to dat ock does not meet the applicable epartment of State's records.	(op le of filing or more than 90 days at statutory filing requirements, t	o tional) Ter filing.) Pursuant to 605.0207 This date will not be listed as
ecord specifies a delayed effective is filed.	e date, but not an effective time, a	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
September 15	2022		
\bigcap (· —		
	Signature of a member or authorized		

Filing Fee: \$25.00