

L20 000 261964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

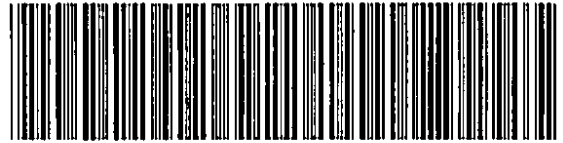
(Business Entity Name)

(Document Number)

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OCT 19 2020

10/20/20--01010--001 **25.00

FILED
2020 OCT 20 AM 10:09
SECRETARY OF STATE
HALLMARK

LA.
11/20/2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTIESTEBAN ENTERPRISES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

EDGAR SANTIESTEBAN LEON

Name of Person

SANTIESTEBAN ENTERPRISES LLC

Firm/Company

4928 KIRKWOOD RD

Address

LAKE WORTH, FL 33461

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

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 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 ORGANIZATION
OF**

SANTIESTEBAN ENTERPRISES 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 10/09/2020 and assigned
Florida document number L20000261964.

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)

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2020 OCT 20 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

By removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being
or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Acti</u> |
|--------------|-------------------------|-----------------------|--|
| AMBR | EDGAR SANTIESTEBAN LEON | 4928 KIRKWOOD RD | <input type="checkbox"/> Add |
| | | LAKES WORTH, FL 33461 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | EDGAR SANTIESTEBAN LEON | 4928 KIRKWOOD RD | <input checked="" type="checkbox"/> Add |
| | | LAKES WORTH, FL 33461 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CARLOS RODRIGUEZ | 4928 KIRKWOOD RD | <input type="checkbox"/> Add |
| | | LAKES WORTH, FL 33461 | <input checked="" type="checkbox"/> Remove |
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NONE

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Filing Fee: \$25.00