## L20000333820

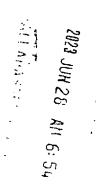
(Requestor's Name)
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## **COVER LETTER**

TO:

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TO: Registration Se Division of Cor						
	EL S	SANTO 21 LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		JAIME PARLADE				
		Name of Person				
	PARLAI	PARLADE SCHAEFER SCHORTZ CPA / ADVISORS				
		Firm/Company 5975 SUNSET DRIVE , SUITE 802 Address				
	5					
		SOUTH MIAMI, FL. 331	43			
		City/State and Zip Code				
		COUNTING@PSSCPAS.CO				
		to be used for future annual r	report notification)			
For further information c	oncerning this matter, please c	all:				
JAIME F	PARLADE	at (305)	670-0400			
Name o	f Person	Area Code	Daytime Telephone Number			
Enclosed is a check for the	ne following amount:					
№ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &			
Mailing Addres Registration 9		Street Ad Registra	ldress: ition Section			
Division of C	Corporations	Division	ı of Corporations			
P.O. Box 632			ntre of Tallahassee			
Tallahassee,	FL 32314	2415 N.	Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUH 28 AM 6: 54

	ELSANTO 21 LLC		
(Name of the Limited Lia (A like	ELSANTO 21 LLC shifty Company as it now apprida Limited Liability Compa	ny)	<del></del>
The Articles of Organization for this Limited Liabilit		10/29/2020	and assigned
on Florida document number <u>L20000333820</u>			
This amendment is submitted to amend the following	ţ:		
A. If amending name, enter the new name of the l	limited liability compan	y here:	
The new name must be distinguishable and contain the words	Limited Liability Company,"	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	1		
B. If amending the registered agent and/or registe	ered office address on o	ur records, enter the i	name of the new regis
gent and/or the new registered office address her	<u>ге</u> :		
gent and/or the new registered office address her  Name of New Registered Agent:	<u>re</u> :		
Name of New Registered Agent:	<u>re</u> :		<u>.</u>
gent and/or the new registered office address her	<u>re</u> :	-Florida street address	
Name of New Registered Agent:	<u>re</u> :	-Florida street address , Florida	i Zip Code

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

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>	Name	Address	Type of Action
MGR	JUAN GABRIEL REMOLINA	234 Seaview Dr Key Biscayne, FL	₩Add
		Key Biscayne, FL	33149
			□Remove
			Change
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∐anctte Note: i	ve date, if other than the date of filing:
e record rd is file	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 ed.
Dated_	June 22, 2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  JUAN GABRIEL REMOLINA