120000349090

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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SECRETARY OF STATE

COVER LETTER

	Registration Se Division of Cor					
CHD IE		FAMILY LLC				
SUBJEC						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		ABEL G SANJUAN LOP	EZ			
Name of Person						
SAN JUAN FAMILY LLC Firm Company						
		NAPLES, FL, 34117				
		Cny/State and Zip Code abel.sanjuan@yahoo.com				
		E-mail address: (to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please c	all:			
ABEL G	SANJUAN LO	PEZ	239 5953302			
	Name o	f Person	at () Area Code Daytir	ne Telephone Number		
Enclosed	t is a check for th	ne following amount:				
□ \$ 25.0	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 El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10.

FILED

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SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANJUAN FAMILY LLC	
(Name of the Limited Liability (A Florida	ity Company as it now appears on our records.) a Limited Etability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1.20000349090	Company were filed on 11/03/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	nited liability company here:
The new name must be distinguishable and contain the words "Limit	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Ester 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.

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	<u>Name</u>	Address	Type of Action
MGR	PEDRO M LUIS MARCOS	10680 BONITA DR.	
		BONITA SPRINGS, FL 34135	Remove
			⊡Change
AMBR	MATIAS SANJUAN CASTRO	2407 BRANTLEY BLVD	= Add
		NAPLES, FL, 34117	□Remove
			□Change
MGR	RENE SANCHEZ	P.O. BOX 367926	
		BONITA SPRINGS, FL 34136	□Remove
			■ Change
AMBR	ABEL G SANJUAN LOPEZ	2407 BRANTLEY BLVD	
		NAPLES, FL, 34117	□Remove
		·	≘ Change
			□Remove

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(II all CI	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ha saas	Consider a delegad effective data but not an effective time of 12.01 and an the gooding of the The 60th day of ag the
ord is fi	I 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.