## 1210000/46260

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•		
SUBJECT:	SANTANA	A GROUP USA LLC		
30bJEC1:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		JOSE LEON		
		Name of Person	<del></del>	
	LBS LEG	ON BUSINESS SERVICES LLC		
		Firm/Company		
	8333 WES	T MCNAB ROAD STE 114		
	_	Address	<del></del>	
		TAMARAC, FL 33321		
		City/State and Zip Code	<del></del>	
	FLS.OFFICE@	LEONBUSINESERVICES.COM	-	
	E-mail address: (	to be used for future annual report notif	cation)	()
For further information co	oncerning this matter, please c	all:		
JOSE I	LEON	954 323-9074		
Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	a following amounts		^ II: 2u	j
	•		24	
■ 525.00 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		Street Address:		
Registration S		Registration Sec		
Division of Co P.O. Box 6321		Division of Corp The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANT	'ANA GROUP USA LL	LC		
(Name of the Limited Lia (A Flo	bility Company as it now rida Limited Liability Con	appears on our records.)		
The Articles of Organization for this Limited Liability	y Company were filed	on 01/04/2021	and ass	signed
lorida document number L21000014626	·			
his amendment is submitted to amend the following	:			
If amending name, enter the new name of the li	imited liability comp	any here:		
he new name must be distinguishable and contain the words "I	imited Liability Company	;" the designation "LLC" or th	e abbreviation "L	.L.C."
inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADI	DRESS)			
	<del>-</del>			<u> </u>
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or register	red office address on	our records, enter the n	; ame of the nev	v registe
gent and/or the new registered office address here	<u>;</u> :	<u></u>		(,
Name of New Registered Agent:				
New Projector Office A. I.				
New Registered Office Address:	En	ter Florida street address	<del></del>	
			-	j
	City	, Florida		<del></del>
	C IIV		: 270 COR	

## 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

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
AMBR	MITZAHIDA MENDOZA	6055 NW 105TH CT	
		APT N315	■Remove
		DORAL, FL 33178	_
AMBR	PABLO VERASTAGUI	7321 NW 85TH STREET	•
		APT 206	<del>-</del>
		TAMARAC, FL 33321	_
<del></del>			🗆 Add
			□Remove
			□Add
			□Remove
			— □ Change
	<del></del>	<del></del>	□ Add
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			Remove
			□ Change

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Filing Fee: \$25.00