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COVER LETTER

· Division of Corpo	orations		
SUBJECT:	SANTA		LLC
	Name of Lir	nited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	SANITA	Page of Person	MOVIC
		Name of Person	
	SANITA	REALTY, LL C	
	_	Firm/Company	
	120 CAI	YDEN CAY	DR
		Address	
	ST. AUGI	STINE FL City/State and Zip Code	32086
	SANITAAC	City/State and Zip Code RE @ SMAIL. C	oM
•		to be used for future annual report notif	
For further information cond	cerning this matter, please c	all:	
SANITA	·	at (801) (600) Area Code Daytime	-9004
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
l	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec	tion	Registration Sec	tion

Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN -3 PM 12: 1.2

SANITA REALT	Y, LLC SEGRITAGE
(Name of the Limited Liability Company a (A Florida Limited Liabi	SECONTAIN OF STATE sit now appears on our records.) TALLAHASSEE, FL lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on 1 12 21 and assigned
Florida document number <u>L 2100002862</u> 0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	
SANITA BASIMAMOVIC	, LLC
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the new registered
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:	

N

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 Persons) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager

	$\Delta MBR =$	Authorized Membe	٠.
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Name	<u>Aúdress</u>	Type of Action
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Effective date If an effective dat Note: If the da document's eff e record specifi	te is listed, the tte inserted in ective date o	date must be spont this block don the Departs	pecific and closs not me ment of Sta	annot be prior et the applic te's records.	able statutor	y filing requi	rements, this c	ling.) Pursuant date will not l	be listed	las
rd is filed.	es ii delayed	circuit dan	, out not at	renective ti	me. at 12:01	a.m. on the	earlier of: (b)	The 90th da	y after th	he
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Dated	\$ (*\$)	P)		> `					

Filing Fee: \$25.00