## 121000058048

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Доси	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ycall II LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Frank J Santiago		
		Name of Person	
	<del></del>	Firm/Company	
	2410 Oklahoma Street		
		Address	
	West Melbourne, Florida 3	2904	
	spacecoastinsurancefrank@	City/State and Zip Code outlook.com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Frank J Santiago		321 831-9495 at ()	
Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addr		Street Address:	
Registration	Section Corporations	Registration Se Division of Cor	
P.O. Box 63		The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M/Y Buoycall II LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar		and assign	ned
Florida document number L21000058048			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Frank J Santiago LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbr	eviation "L.L.(	<del></del>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		20	<b>(</b> }
	3	217	_
Enter new mailing address, if applicable:	<u> </u>	2021 AUG	
(Mailing address MAY BE A POST OFFICE BOX)			
<del></del>	o de la companya de l	A A	П
	77	9 00	D
B. If amending the registered agent and/or registered office	e address on our records, enter the name;		egistere
agent and/or the new registered office address here:			11
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
<del></del>	City	Zin 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

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
		· 	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□Change

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ectivo	date, if other than the date of filing: (optional)
n effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	t's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
A	1gust 8 2021
ted	
	Frank I Santiago
	Signature of a member or authorized representative of a member
	Fault I Sertions
	Frank J Santiago

Filing Fee: \$25.00