Laloud Hays

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COVER LETTER

TO:	Registration So Division of Cor				
CUDIE	Saints Capi				
SUBJE	CI:		ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please n	eturn all correspo	ondence concerning this matter	to the following:		
		Jose J Santos			
			Name of Person		
		Saints Consulting LLC			
			Firm/Company		
2131 We		2131 Woodruff Road, STE	2100 #241		فت <i>ا</i> د
			Address	·	
Greenville SC 29607				\ddot{z}	
			City/State and Zip Code		
		office@saintscapitalgroup.c	com	714.	l: 2
		E-mail address: (to be used for future annual report notification)	rn <u>4.</u> (24
For furt	her information o	oncerning this matter, please ca	all:		
Jose J S	antos		800 646-1278 at ()		
	Name o	f Person	Area Code Daytime Telephone N	umber	_
Enclose	d is a check for the	he following amount:			
≡ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Copy	.00 Filing rtificate of rtified Cop ditional copy	Status & y
	Mailing Address		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	P.O. Box 632	•	The Centre of Tallahassee		
	Tallahassee.	FL 32314	2415 N. Monroe Street, St	iite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saints Capital LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led on (02/12/2021 and assigned
Florida document number 1.21000074245	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Saints Consulting LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	71. 21
	
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rmer r toriau street aiuress
	, Florida
Cin	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
			_ 🗆 Add
			_ Петюче
			_
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	specific and cannot be prior does not meet the applications.	able statutory filing i		
cord specifies a delayed effective da s filed.	ate, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The 90t	h day after t
ed August 12	2024			