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(Requestor's Name)
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PICK-UP WAIT MAIL
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08/30/21--01011--023 **25.0

14/3024

SANTY XI SUBJECT:	PRESS LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDINSON B CANO		
		Name of Person	
	START INSURANCE LL	С	
		Firm/Company	
	1850 SW FOUNTAINVIE	W BLVD SUITE 207	
	-	Address	
	PORT SAINT LUCIE FL	34986	
		City/State and Zip Code	
	ecano@startinsurance.us	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c		
EDINSON B CANO		772 626-4470	
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration So	ection
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 30 PM 2

SANTY XPRESS LLC

SECRETARY OF S

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FI.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on $\frac{03/24/2021}{1}$	and assigne
Florida document number L21000138865	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address b		enter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	City	, Florida
	City	zip Coae

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 wi 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 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
AMBR	NARVAEZ V. KATIUSKA	164 SW PEACOCK BLVD, APT 202.	\ \ \ \
		PORT SAINT LUCIE FL 34986	□Remove
			= Change
			□Remove
			□Change
			□Add
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			□Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record 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 record is filed. Dated AUG 26 Signature of a member of authorized representative of a member	i). II dillendi	ng any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective 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 605,0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record 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 record is filed. Dated AUG 26 2021 Signature of a member of admorated representative of a member		
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Typed or printed name of signee	_	URIE Kimienta

Filing Fee: \$25.00