

LA1000340172

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TINTOS INTERNATIONAL LLC
Account Number : I20150000068
Phone : (407)731-4498
Fax Number : (407)982-7123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sustaxes@gmail.com

2021 OCT 29 AM 8:50

STATE OF FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANTON TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

STATE OF FLORIDA

2021 OCT 29 PM 12:41

FILED

Handwritten initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H21000401984 3

SANTON TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2021 and assigned Florida document number 1.21000340172.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1399 Olympic Club Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Champions Gate Florida 33896

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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

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STATE OF FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCAR J. SANCHEZ LEON O	7163 NW 186TH ST APT A204	<input type="checkbox"/> Add
		HIATLEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAITON ULLOA, LIBIA C.	650 Pebble Beach Dr	<input checked="" type="checkbox"/> Add
		Davenport, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAITON ULLOA, LIBIA C.	650 Pebble Beach Dr	<input checked="" type="checkbox"/> Add
		Davenport, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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