## 121000430457

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## **COVER LETTER**

TO: Registration Section Division of Corporation						
SUBJECT:	ANTO) (	JUALITY 1	40m) ((C			
SUBJECT:	Name of Limi	nent and fee(s) are submitted for filing.  Name of Limited Liability Company  ment and fee(s) are submitted for filing.  Name of Person  MG (A TAX DY III III  Firm/Company  S 2 4 5 Ramby Way #A  Address  Fart Myell F1- 33407  City/State and Zip Code  MG (C + C X D Puncil). Com  E-mail address: (to be used for future annual proof notification)  g this matter, please call:  G (C at 239 Daytime Telephone Number  ing amount:  0.00 Filing Fee & Certificate of Status & Certificate of Sta				
	mendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  MOR Marke of Person  MGICA TAX DVIVILING  Firm/Company  S245 Ramby Way #7  Address  Firm/Company  S245 Ramby Way #7  City/State and Zip Code  MGICS + X D PMC1/ COM  E-mail address: (to be used for future annual poport notification)  cerning this matter, please call:  MGICS   S55.00 Filing Fee & Certificate of Status &					
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.				
Please return all corresponde	ence concerning this matter	to the following:				
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		Name of Person				
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	524	·	vay #7			
		<del></del> <del></del>				
	1014	- Myers, In-	33907			
		City/State and Zip Code	1/00-			
-	E-mail address: (1	to be used for future annual report notif	fication)			
For further information conc						
Noe	Malce	at (239) 810	· 8998			
Name of Po	rson	Area Code Daytim	e Telephone Number			
Enclosed is a check for the f	ollowing amount:					
	_	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,			
		Certified Copy	Certificate of Status & Certified Copy			
Mailing Address:		Street Address:				
Registration Sec						
Division of Corp P.O. Box 6327	porations	· · · · · · · · · · · · · · · · · · ·				
Tallahassee, FL	32314					
		Tallahassee, FL	32303			



2022 SF 1:32 PH 1:40

September 7, 2022

NOE MALCA MALCA TAX SERVICES INC 5245 RAMSEY WAY SUITE 7 FORT MYERS, FL 33907

SUBJECT: SANTOS QUALITY HOMES LLC

Ref. Number: L21000430457

We have received your document for SANTOS QUALITY HOMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 522A00019820

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

70?7 SEP 22 AM P. I

Santos Quality Homes LLC

SECRETARY OF STATE

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 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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>	Name	Address	Type of Action
ZMDB	Ricardo Santos	barcia 820 Tropicana St La belle, FL. 33935	XAdd
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If an effective d <u>Note:</u> If the	te, if other than late is listed, the date date inserted in thi effective date on th	must be specific s block does no	and cannot be p of meet the ap	orior to date of fi plicable statut		<b>(option</b> 90 days after fil ements, this d	ing.) Pursuant to	605.0207 listed as
e record speci ord is filed.	ifies a delayed effe	ctive date, but	not an effectiv	ve time, at 12:0	Ha.m. on the ea	arlier of: (b)	The 90th day	after the
Dated <u>8</u>	12/22	fr	1	1	2			
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Filing Fee: \$25.00