

L21000435943

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANTMARIAS INVESTMENTS LLC

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K. SALY

AUG 28 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTMARIAS INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR ANDRES ALVAREZ DUENAS

Name of Person

SANTMARIAS INVESTMENTS LLC

Firm/Company

2887 SUNSTONE DRIVE

Address

KISSIMMEE, FL 34758

City/State and Zip Code

alvarezandres0789@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR ANDRES ALVAREZ DUENAS

334 370 - 4561
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2024 AUG 27 AM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SANTMARIAS INVESTMENTS 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 10/05/2021 and assigned
Florida document number L21000435943.

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:

2887 SUNSTONE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34758

Enter new mailing address, if applicable:

2887 SUNSTONE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 34758

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:

VICTOR ANDRES ALVAREZ DUENAS

New Registered Office Address:

7 SUNSTONE DRIVE

Enter Florida street address

KISSIMMEE

Florida 34758

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.

A-S A-Z

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Victor Andres Alvarez Duenas	2887 SUNSTONE DRIVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	William Octavio Alvarez Duenas	2887 SUNSTONE DRIVE	<input type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2024 JUN 27 AM 2:51
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CLERK OF DISTRICT COURT

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CLERK OF DISTRICT COURT
TULSA, OKLA.

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ASA2

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00