La Plorida Department of State 56

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004112313)))



H210004112313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF SANDRA CLAVIJO

Account Number : I2020000073

Phone : (305)860-0901 Fax Number : (305)688-2916

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

Email Address:____info@sclavijo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANTCORP, LLC

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

A. RIVERS

NOV 3 0 2021

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SANTCOR SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
99		and the Oliver	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN A. URBINA		
	<u></u>	Name of Person	
	SANTCORP, LLC.		
		Firm/Company	, + *
	7220 NW 36th st		
		Address	
	Miami, FL 33166		
		City/State and Zip Code	····
	sclavijo@hotmail.com	to be used for future annual report nonl	N. catron)
For further information c	concerning this matter, please co		(ACUMON)
SANDRA CLAVIJO		305 8600901	
	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	T \$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 Addre</u> Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 631	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	SANTCORP,LLC	
(<u>Name of the Limi</u>	(ed Liability Company as it now appears on (A Florida Limited Liability Company)	nour records,}
The Articles of Organization for this Limited L	iability Company were filed on 10/19/3	2021 and assigned
Florida document number L21000454567	 -	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
SANTCOR,LLC.		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
The control of the co		
		 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		rds, enter the name of the new registered
agent and/or the new repistered office addi-	ess nere.	
Name of New Registered Agent:	LUCIA JOHANA QUESADA	<i>⊕</i> 28
	811 FALLS OF VENICE CIR	T.
New Registered Office Address:	Enter Florida	street address 3 2
	VENICE	31107
	City	Florida 34492 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Nau Baritanad Annath Cinnatura (Calcuration	•	加州
New Registered Agent's Signature, if changing		<i>·</i> · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my gistered agent as provided for in Cha registered office address, I hereby a	y duties, and I am familiar with and
	fuced	1/ Occide
	terminal of the second	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
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
	~·- 		∐Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing:	-	
ffective date, if other than the date of filing:	-	
ffective date, if other than the date of filing:	-	
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:	_	
ffective date, if other than the date of filing:	_	
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:	•	
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing:	-	
ffective date, if other than the date of filing:		
ffective date, if other than the date of filing: [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 605,0205 Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. Tecord 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 date filed. [10:15-2021] Signature of a member or authorized representative of a member.		
ffective date, if other than the date of filing: [In 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 (ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. 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 dated. [11/15/2021] Signature of a member or authorized representative of a member.		
ffective date, if other than the date of filing: [In 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 (ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. 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 dated. [11/15/2021] Signature of a member or authorized representative of a member.		
Signature of a member or authorized representative of a member. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. Tecord 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 list filed [11/15/2021] Signature of a member or authorized representative of a member	_	
Signature of a member or authorized representative of a member. This date will not be listed as became a structure date in this block does not meet the applicable statutory filling requirements, this date will not be listed as becament's effective date on the Department of State's records. Tecord 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 date of the filling of the state of t		
lated	ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Signature of a member or authorized representative of a member		
•	ated	11/15/2021
•		Signature of a member or authorized representative of a member
		•

Filing Fee: \$25.00