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T. MATTHEWS JAN 2 0 2022

COVER LETTER

	stration Se sion of Cor			
	SANTINO	GROUP LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		BEATRIZ RODRIGUEZ		
			Name of Person	
		BEAMARINA CONSULT	TING INC	
			Firm/Company	
		6623 SIMMS ST		
			Address	· · · · · · · · · · · · · · · · · · ·
		HOLLYWOOD FL 33024		
			City/State and Zip Code	
		BEAMARINA@HOTMAI		
				(fication)
For further inf	formation c	oncerning this matter, please ca	all:	
JOSE REAFA	AEL DE M.	ARZO ARATA	Name of Person SULTING INC Firm/Company Address 3024 City/State and Zip Code MAIL.COM ress: (to be used for future annual report notification) ase call: at (
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Reg	ing Addres	Section	<u>Street Address:</u> Registration Se	
	ision of C . Box 632	orporations 7	Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

22 317 17 77 3: 34

SANTINO GROUP 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 v	were filed on	and assigned
Florida document number 1.21000456248		the mangine
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the desig	gnation "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)		
3. If amending the registered agent and/or registered office ac	ddress on our reco	ords, <u>enter the name of the new register</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	i street address
		. Florida
	City	Florida 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.

¹ 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>	Address	Type of Action
MGR	JOSE RAFAEL DE MARZO	4804 SW 120TH AVE	□Add
		COOPER CITY FL 33330	■Remove
			□Change
MGR	MARIA SOLEDAD LUNA	4804 SW 120TH AVE	□Add
		COOPER CITY FL 33330	■Remove
			□Change
			□Add
			□Remove
			□Change
 			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐Change
			\ \ \
			□Remove
			□ Chanas

Effective date, if other than the date of filing:	t to 605.0207 be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da ord is filed.	iy after the
Dated JANUARY 3 2022	
JBu lli	
Signature of a member of authorized representative of a member	
JOSE RAFAEL DE MARZO ARATA	

Filing Fee: \$25.00