

h22000042382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

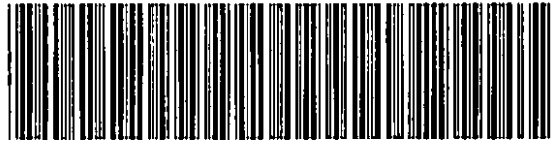
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2022 MAR 1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JLC SANTANA 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:

CRISTIANE SANTANA

Name of Person

JLC SANTANA LLC

Firm/Company

4897 CYPRESS WOODS DR 6302

Address

ORLANDO FL 32811

City/State and Zip Code

GGSLC@HOTMAIL.COM

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

For further information concerning this matter, please call:

THIAGO CASTRO

407

686-8175

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**

JLC SANTANA 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 01/24/2022 and assigned  
Florida document number L22000042382.

This amendment is submitted to amend the following:

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

JLC SANTANA LLC

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)

7261 CROSSROADS GARDEN DR 3319

ORLANDO FL 32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7261 CROSSROADS GARDEN DR 3319

ORLANDO FL 32821

**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:

GOLDEN GROUP SERVICES LLC

New Registered Office Address:

4897 CYPRESS WOODS DR 6302

*Enter Florida street address*

ORLANDO

*City*

Florida 32811

*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.*

DocuSigned by:

Thiago De Castro

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>
MGR	CRISTIANE SANTANA	7261 CROSSROADS GARDEN DR 3319	<input type="checkbox"/> Add
		ORLANDO FL 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JORGE LUIZ C SANTANA	7261 CROSSROADS GARDEN DR 3319	<input type="checkbox"/> Add
		ORLANDO FL 32821	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JORGE LUIZ C SANTANA JR	7261 CROSSROADS GARDEN DR 3319	<input type="checkbox"/> Add
		ORLANDO FL 32821	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 02/16/2022 (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated FEBRUARY 16, 2022

DocuSigned by:  
[Signature]  
13EC42A6AC5748A

Signature of a member or authorized representative of a member

CRISTIANE SANTANA

Typed or printed name of signee