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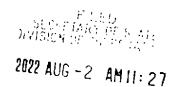
CF 30 200-91.1.6-0.3 ★#50.31

COVER LETTER

Division of Corp	oorations	•		
SANTACAS	SA LLG	•		
500aect	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	CRISTINA MASCARENH	IAS		
		Name of Person		
	SANTAÇASA LLC			
		Firm/Company	·	
	2414 DEER CREEK RD.			
		Address		
	WESTON FL 33327			
		Ciry/State and Zip Code		
	CRIS@FAEZY.COM		1.4	
	E-mail address: 0	to be used for future annual report no	otification)	
For further information c	oncerning this matter, please ca	ult:		
CRISTINA MASCARENHAS		954 553-1818 at ()		
Name of Person		Area Code Dayt	ime Telephone Number	
Enclosed is a check for the	ne following amount:			
LJ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclose	
Mailing Addre		Street Address:		
Registration Division of C		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



SANTACASA 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 $\frac{07/20/2022}{1}$ and assigned 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 ___, 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.

Cirv

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
MGR	EDUARDO MASCARENHAS	2414 DEER CREEK RD	🗀 Add
		WESTON FL 33327	
MGR	CRISTINA MASCARENHAS	2414 DEER CREEK RD	🗆 Add
		WESTON FL 33327	□ Remove
			□Add
			□Remove
			🗀 Add
			□Remove
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			Change
			🗀 Add
			□Remove
			□Chance

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		7
		
Effective date, if other than the	date of filing:tbe specific and cannot be prior to date of filing or mor	(optional)
Note: If the date inserted in this bl	ock does not meet the applicable statutory filing i	e than 90 days after filing.) Pursuant to 605,020 requirements, this date will not be listed a
document's effective date on the D	partment of State's records.	
he record specifies a delayed effectivord is filed.	e date, but not an effective time, at 12:01 a.m. on	i the earlier of: (b) The 90th day after the
Dated JULY 29TH	2022	
(Im	Signature of a member or authorized representative o	