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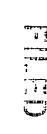
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Cor | | | | | |
|-----------------------------------------|----------------------------------------------|----------------------------------------------------------------------|-----------------|---------------|-------|
| Santini Eng | incering, LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Jorge Santini | | | | |
| | | Name of Person | | | |
| | Santini Engineering, LLC | | | | |
| | | Firm Company | | | |
| | 7766 Brofield Ave | | | | |
| | | Address | | 202 7. | |
| Windermere, FL 34786 | | | 2023 MAR 13 | • | |
| | jorge@santinleng.com | City'State and Zip Code | | | , AEC |
| | | to be used for future annual report notific. | ntion) | PH 3: 50 | 2 m |
| For further information c | oncerning this matter, please ea | nit: | | 3: 5 FL | Ŷ. |
| Jorge Santini | | 321 3707584 | | ויי) 🚥 | |
| Name o | d Person | Area Code Daytime T | elephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & | |
| <u>Mailing Addres</u> Registration ! | | <u>Street Address:</u> Registration Secti | on | | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Santini Engineering, LLC | | |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | y were filed on 2/23/2023 | and assigned |
| Florida document number L23000097011 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility 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) | | 70 73 |
| | | |
| | | ω , |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 7.TE 58 |
| | | , = |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| ren regimered organization. | Emer Florida street address | |
| | . Floric | la |
| | Citir | 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.

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> | Address | Type of Action |
|--------------|---------------------------|---------------------------------------|--------------------------------------------------------------------|
| MGR | Jorge L Santini Hernandez | 7766 Broffeld Ave Windermere FL 34786 | ≡ Add |
| | | | □Remove |
| | | | □Change |
| MGR | Emilie Perez Gonzalez | 7766 Brofield Ave Windermere FL 34786 | |
| | | | ≡ Remove |
| | | | =Change |
| | | | 2024d |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (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 filling 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 March 3 2023 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Emilie Perez Gonzalez