L23000204287

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400417508744

10/23/23--01014--003 **25.00

2023 P.I. 5: 16



COVER LETTER

Registration Section ,
Division of Corporations

Tallahassee, FL 32314

SAN CEFI	ERINO LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIGUEL A, HASLOP		
		Name of Person	
		Firm/Company	
	17560 ATLANTIC BLVD		
		Address	
	SUNNY ISLES BEACH,	FL 33160	
	ansafinancialsvcs@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
ANGEL SANTOS		954 608-6360 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address:	rtion
Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN CEFERINO 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 4-25-2023 _ and assigned Florida document number _____L23000204287 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) C٦. 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

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

VI (312		····anagei	
AMBR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	XIMENA GIL-SCELSO	17560 ATLANTIC BLVD., UNIT 318	🗆 Add
		SUNNY ISLES BEACH, FL 33160	≣Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
		□Change	
	-	□Add	
		□Remove	
			Change
			□Add
			□ Remove
		<u> </u>	Change
			□Add
			□Remove
			□Change

<u> </u>	
 	
 	
<u> </u>	
Effective date, if other than	the date of filing: (optional)
(If an effective date is listed, the date Note: If the date inserted in the	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (anis block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
ne record specifies a delayed efford is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
9/18	2023
Dated	
A	
	Signature of a member or authorized representative of a member
ANGEL SANTOS	
	Typed or printed name of signee

Filing Fee: \$25.00