L23000233498

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2023 PTV -3 PTV 5: 26



COVER LETTER

Division of Corporations
SUBJECT: Santago Welhols Transporten UC 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:
Alexis A. Sendans Name of Person
Santago Vehilis Transportation UC Firm/Company
Firm/Company
691 Binage tod
Addition
Tolkrade El 27714
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexo 1 Santa at (910) 294-1153 Name of Person Area Code Daytime Telephone Number
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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

Santiago Vehicles 7	Transportation LLC						
(Name of the Limited Liability Compan (A Florida Limited El	v as it now appears on our records.) ability Company)						
The Articles of Organization for this Limited Liability Company were filed on 11 May 23 and assigned Florida document number <u>L 33000333498</u>							
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	y Company," the designation "LLC" or the abb	reviation "L.L.C."					
Enter new principal offices address, if applicable:	691 Bonaparte de						
(Principal office address MUST BE A STREET ADDRESS)	5adsonalle Re						
	32218						
Enter new mailing address, if applicable:	1805 Myrthe Ave #1076 Jacksonnik fl 322						
(Mailing address MAY BE A POST OFFICE BOX)	# 1076						
	Jacksonulle fl 322	. ०५					
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the name	of the new registered					
Name of New Registered Agent:							
New Registered Office Address:		~>					
	Enter Florida street address	777					
	, Florida	3					
New Registered Agent's Signature, if changing Registered Agent:	City C	₁ Zip Cod <u>e</u> ⇒					
I hereby accept the appointment as registered agent and agree		9					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fd rovided for in Chapter 605, F.S: Or	miliar with and Tthis document is					

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
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			□Remove
			Change
			□Add
			□Remove
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ote: If t	the date inse	ner than the old, the date must reed in this blod date on the De	ck does not	meet the appl	licable statutor	ng or more than ry filing requi	(option 90 days after fi rements, this o	nal) ling.) Pursuant to 6 late will not be l	605.020 isted as
record sp is filed.		layed effective	e date, but no	ot an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day a	fter the
ated	31 0	iet _		, 2023	·				
			- f-	TC	:2				
		/							
			Signature of		ithorized repres	entative of a me	inber		•

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Filing Fee: \$25.00