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SECRETARY OF STATE

COVER LETTER

TO: Registration Section **Division of Corporations** SANLUIS INVESTMENTS, LLC SUBJECT: 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: Antonio Luis Name of Person SANLUIS INVESTMENTS, LLC Firm/Company 230 Cherokee Street Address Miami Springs, FL 33166 City/State and Zip Code sanluisinvst@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Antonio Luis Daytime Telephone Number Name of Person 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 Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

FILED

SANLUIS INVESTMENTS, LLC

2024 OCT 15 AM 8: 48

(Name of the Limited Liab) (A Flori	lity Company as it now appears on our rada Limited Liability Company)	CONTRACTOR STATE
(,, , , , , , , , , , , , , , , , , , ,		handle hand hand had been been been been been been been bee
The Articles of Organization for this Limited Liability	Company were filed on August 23, 2	023 and as gned
Florida document number L23000396064	·	and the
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ad affice adducer on our records of	nton the name of the new rayis
b. If amending the registered agent and/or registered agent and/or the new registered office address here:		nter the name of the new regis
Name of New Registered Agent:		,,
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
 -	City	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 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
			□Add
			□ Remove
			☐Change
		·	□Add
			Remove
			□Change
			□Add
			□Remove
		Change	
		-	□ Add
			□Remove
			Change
		-	□Add
		□ Remove	
			□ Change
		□Add	
			□Remove
			□ Change

	The addresses of three persons authorized to manage LLC need correction.
	Please see the correct addresses below:
	Lucia Sanciprian, MGR
	2354 SW 138 AVE
	Miami, FL 33175
	Ricardo Luis, MGR
	11072 W 33 WAY
	Hialeah, FL 33018
	Lucia Heredia, MGR
	5855 SW 25 ST
	Miami, FL 33155-3116
If an <u>Not</u> e	ctive date, if other than the date of filing:
	ord 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 filed.
Date	$\frac{\text{October 9}}{\text{October 9}}$

Filing Fee: \$25.00