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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		O AUTO GROUP LLC			
JOHOLA		Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		Jonathan Marmolejos			
			Name of Person	-	
		SANTIAGO AUTO GRO	UP LLC		
			Firm/Company		
		1903 Farmhouse RD SE			
			Address		
		PALM BAY FL 32909			
		·	City/State and Zip Code		
		santiagoautogroup24@gma	il.com		
		E-mail address: (to be used for future annua	il report notificati	on)
For furth	ner information e	oncerning this matter, please co	all:		
Jonatha	n Marmolejos			29/2822	
	Name o	f Person	at () Area Code	Daytime Tel	dephone Number
Enclosed	d is a check for th	ne following amount:			
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>S:</u>	Street A	<u>Address:</u>	17.1 45.35

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTIAGO AUTO GROUP LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L24000053711}{L24000053711}$.	any were filed on anuary 29, 2024	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 I	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 ADDRES.	52	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
	City	хір Сайе
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Register		8
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, an t as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is
11	Changing Registered Agent, Signature of	New Registered Aftent

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
AMBR	Leonardo Castillo		□Add
		4986 CANAL RD WEST PALM BEACH FL 33415	; ≣Remove
			DChange
AMBR	JULIA CASTILLO		□Add
		4986 CANAL RD WEST PALM BEACH FL 33415	: ≣Remove
			□Change
			🗆 Add
			□Remove
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	11/14/2024		
Effective date, if other than the da If an effective date is listed, the date must be	te of filing:	of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207
<u>Note:</u> If the date inserted in this block document's effective date on the Depa	does not meet the applicable st	atutory filing requirements	, this date will not be listed as
·			
e record specifies a delayed effective d	ate, but not an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day after the
			/3 ·
Dated	<u> </u>		202 SE T
			.024 NOV SECT - 1
			,
	gnature of a member or authorized r	epresentative of a member	
A STORY	gnature of a member or authorized to	epresentative of a member	

Filing Fee: \$25.00