

11/8/24 Nov. 6, 2024 12:51PM

Division of Corporations

H240003697983

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000369798 3)))



H240003697983ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.
Account Number : I20180000068
Phone : (407)344-1012
Fax Number : (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANTANA FAMILY TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

NOV - 7 2024

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2024 NOV - 6 PM 2:34

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV - 6 PM 2:41

FILED

Nov. 6. 2024 12:51PM

H24 No. 2925 209 1183

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTANA FAMILY TRANSPORT LLC

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:

CRISTHINA VAZQUEZ

Name of Person

FREEDOMTAX ACCOUNTING & MULTISERVICES

Firm/Company

1016 E OSCEOLA PARKWAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

CVAZQUEZ@FREEDOMTAXFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTHINA VAZQUEZ

407 344-1012

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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 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

Nov. 6. 2024 12:52PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 29253131983
H24W03K
FILED
2024 NOV -6 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SANTANA FAMILY TRANSPORT 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 05/22/2024 and assigned
Florida document number L24000238001

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**)

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:

Enter Florida street address

City, Florida 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

Nov. 6. 2024 12:52PM

H24 No. 2925167, 9183

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>	<u>Address</u>	<u>Type of Action</u>
MGR	YOMIR SANTANA	3215 TIMUCUA CIR	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARIBE BITE LLC	3215 TIMUCUA CIR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV -6 PM 2:41
TALLAHASSEE, FL 32304
SECRETARY OF STATE

FILED

Nov. 6. 2024 12:52PM

H2 No. 292536, 57983

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMENDED TO CHANGE THE TITLE FOR YOMIR SANTANA TO MGR AND TO ADD A NEW AMBR

CARIBE BITE LLC.

2024 NOV -6 PM 2:41
FILE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 filing 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 NOVEMBER 06, 2024

Yomir Santana

Signature of a member or authorized representative of a member

YOMIR SANTANA

Typed or printed name of signee

Filing Fee: \$25.00