## L24000258551

(Re	equestor's Name)	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Santana Moa 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:
Diana R Abrey Name of Person
Direct Permits & More
Firm/Company
16350 SW 112 NR
Miami Fl 33157
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diana Rame of Person at (786) 225-4407  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ Certified Copy (additional copy is enclosed)
Mailing Address:  Street Address:  Project Services

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

TO:

Registration Section

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

11 1

Santana MOA	<u> </u>	<del></del>
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 44000 258551	were filed on <u>Une</u> 4	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Nu	F22 F22 F24
Enter new mailing address, if applicable:		.ξ :: ω
(Mailing address MAY BE A POST OFFICE BOX)	Na	
intuining duartiss Mail Decil 1 OSA OX 1 102 BONG		<u></u>
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	Na	
New Registered Office Address:	Enter Florida street address	5
	, Flo	orida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

 $\alpha$ 

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

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 18/201 S DIXIT HWY	Type of Action
<u>Mgr</u>	Camilo Sontana Zamba	Address 18301 S DIXIC HWY 4 Ph 5 22 1900 Falmetto Bay, FL 33157	·Add
			□ Remove
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_	NO
<del>.</del>	<u> </u>
<u>iote:</u> If the	ate, if other than the date of filing:  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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
Lie filod	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	July 22nd . 2024.
-	Signature of a member or authorized representative of a member
	Camilo Santana Zambrano Typed or printed name of signee