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.

(((H240003691393)))



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 : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Phone : (844)449-3624
Fax Number : (512)597-0678

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

_			_								
F١	ma	T.	1	Δ	ч	М	•	٠	c	•	•

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CM SANTOS GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

H24000369

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CM Santes Group LLC	
(Same of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number $\frac{1.24000451280}{1.24000451280}$	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ible:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable:	2024 NO
(Mailing address MAY BE A POST OFFICE B	3OX)
P. If amonding the registeral asset and/or res	gistered office address on our records, enter the name of the new register
agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cay 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.

To: Page: 3 of 4

2024-11-06 12:42:27 UTC+14

18506176383

From: ZenBusiness User

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

Title	Name	<u>Address</u>	Type of Action
AMBR	Marcelo Luiz Dos Santos	122 Savita Street	i Add
		Saint Johns, FL 32259	□Remove
			□Change
			☐ Remove
			□ Change
		-	
			□Remove
·····			□Adri
			□Remove
			(II Change
		***************************************	DAdd
			□Remove
			Change
			
			∏ Kemare

		·
		······································
		terra deservicio de la companya del companya de la companya del companya de la companya del la companya de la c
17 TANS		
····		

Note: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605,6207 of filing requirements, this date will not be listed as a
record specifies a delayed effe d is filed	otive date, but not an effective time, at 12:01	a moon the earlier of (b). The 90th day after the
) 11/5 Dated		
Ist Ma	regio Larz Dos Santos	

Typed or printed name of signee