

# P20000023178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

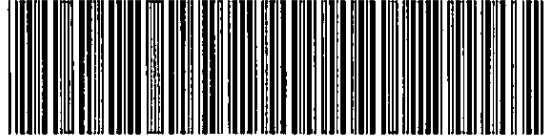
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V. SULKER

OCT 07 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2020

SANTIAGO FONSECA  
2000 N BAYSHORE DR APT 618  
MIAMI, FL 33137

SUBJECT: SANTIAGO FONSECA INVESTORS CORPORATION  
Ref. Number: P20000023178

We have received your document for SANTIAGO FONSECA INVESTORS CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 820A00016918

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SANTIAGO FONSECA INVESTORS CORPORATION

DOCUMENT NUMBER: P20000023178

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTIAGO FONSECA

Name of Contact Person

SANTIAGO FONSECA INVESTORS CORPORATION

Firm/ Company

2000 N BAYSHORE DR. APT 618

Address

MIAMI, FL 33137

City/ State and Zip Code

SFINVESTORSCORPORATION@GMAIL.COM

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

For further information concerning this matter, please call:

SANTIAGO FONSECA at ( 754 ) 7154077  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**

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

**Street Address**

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