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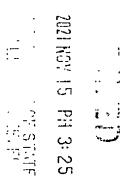
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

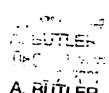
Office Use Only



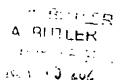
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DEC - 2 2021



COVER LETTER

TO:

TO: Registration So Division of Co		<i>;</i>	
SANTA AI	ŅA SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		EMILIO J ULERIO	
	-	Name of Person	
	SA	NTA ANA SERVICES LLC	
		Firm/Company	
		10030 PERIWINKLE ST	
		Address	
		MIRAMAR, FL 33025	
		City/State and Zip Code	
		EMJO23@GMAIL.COM	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report nall:	otification)
EMILI	O J ULERIO	646 200-2389	
Name 6	of Person		ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	☐ \$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 Addres		Street Address:	Vantinu
Registration Division of C		Registration S Division of C	
P.O. Box 632	27	The Centre of	<u>-</u>
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTA ANA SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)) 171 3: 25

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	09/14/2021	and assigned
Florida document numberL21000406211		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or	r 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)	<u> </u>	
B. If amending the registered agent and/or registered office address on our	records enter the	e name of the new regis
agent and/or the new registered office address here:	recording <u>enter the</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	orida street address	
	, Floric	da
		ua —

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
 			
			□ Remove
			□Change
		 	DAdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□ Remove
			□Change

										
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<u>ite:</u> If the d	ate inserted in	an the date of date must be speci in this block does in the Departme	s not me	et the app	licable stat	f filing or me utory filing	ore than 90 grequiren	(option days after facents, this	n al) iling.) Purs date will i	uant to 605.0 not be listed
ecord specifics filed.	īcs a delayed o	offective date, I	but not a	n effective	e time, at 1	2:01 a.m. c	n the earl	ier of: (b)	The 90th	h day after t
ited	SEPT	TEMBER 23	•	2021	<u>-</u> ج		1	<i></i>		
d					ſ	_	_			

Filing Fee: \$25.00