

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L18000142315

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(((H22000340527 3)))



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

From: Account Name : SETH Z JOSEPH, P.A.
 Account Number : I20220000035
 Phone : (305)445-5383
 Fax Number : (305)445-5384

****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
SALVAJE MIAMI, LLC

Certificate of Status	0
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Page Count	04
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C. BRUMBLEY
 OCT - 5 2022

SECRETARY OF STATE
 TALLAHASSEE, FL

2022 OCT -4 AM 11:12

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SALVAJE MIAMI, 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 06/08/2018 and assigned
Florida document number L18000142315.

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 "LLC"

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)

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2022 OCT 14 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL

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

_____, Florida _____
City 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

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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
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Andres GONZALEZ CURE	3401 NE 1 AVE	<input checked="" type="checkbox"/> Add
		UNIT CU-2	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Carlos GONZALEZ CURE	3401 NE 1 AVE	<input type="checkbox"/> Add
		UNIT CU-2	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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