

L19000259563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JAN 08 2020

LALBRITTON

COVER LETTER

Registration Section
Division of Corporations

SUELA GROUP LLC

RECEIVED:

Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Firm/Company

7950NW 53RD STREET SUITE 337

Address

MIAMI FL 33166

City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

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

For other information concerning this matter, please call:

JESUS LEON

917

9466502

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$15.00 Filing Fee

\$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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

SUELA GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/16/2019 and assigned
document number L19000259563.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Any name must be distinguishable and contain the words "Limited Liability 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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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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TALLAHASSEE, FLORIDA

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

MBR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	INGOGLIA, FRANCHESCO 3131 NE 7TH AVE	<input type="checkbox"/> Add
	UNIT 1202 MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
MR	INGOGLIA, FRANCESCO 3131 NE 7TH AVE	<input checked="" type="checkbox"/> Add
	UNIT 1202 MIAMI, FL 33137	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
MR	DI PRIMA, ROSARIO J 3131 NE 7TH AVE	<input checked="" type="checkbox"/> Add
	UNIT 1202 MIAMI, FL 33137	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

(s) here: (Attach additional sheets, if necessary.)

Lined area for additional sheets or notes.

Effective date, if other than the date of filing: _____ (optional)
If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
the 90th day after the record is filed.

Effective date: NOVEMBER, 04, 2019

Signature of a member or authorized representative of a member

INGOGLIA, FRANCESCO
Typed or printed name of signer