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(((H23000320988 3)))



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| To: | Division of &orporations Fax Number : (850)617-6383 | 10107123 | • |
|--------------------|--|--|---|
| From: | | | • |
| | Account Name : SA&oNSA GRouP LL& | - | - |
| | Account Number: 120200000187 | | - |
| | Phone : (786)757-2436 | | ` |
| | Fax Number : (786)513-5977 | | |
| **Enter the annual | email address for this business entity report mailings. Enter only one emai | to be used for future I address please.** | |
| Email | Address: | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERDEG COMPANY LLC

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TO:

Registration Section

Tallahassee, FL 32314

H230003209883

| Divisio | on of Cor | porations | | | | |
|--|--------------|---|---|---|---|--|
| | | COMPANY LLC | | • | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enclosed A | rticles of . | Amendment and fee(s) are sub | mitted for filing. | | | |
| | | ndence concerning this matter | • | | | |
| i lease return an | сопсэро | moence concerning and matter | to the tonowing. | | | |
| | | JESUS LEON | | | | |
| | | | Name of Person | | | |
| | | SACONSA GROUP LLC | | | | |
| | | | Firm/Company | | | |
| 3625 NW 82 Avenue Suite 100-K | | | | | | |
| | | | Address | | | |
| | | DORAL, FL 33166 | | | | |
| | | | City/State and Zip Code | | | |
| | | JESUSLEONTERAN@GM E-mail address: (| 1ATL.COM to be used for future annual i | report notificati | on) | |
| For further infor | mation co | oncerning this matter, please ca | all: | | | |
| JESUS LEON | | | | 72436 | | |
| Name of Person | | at ()Area Code | Daytime Tel | ephone Number | | |
| | | | | | | |
| | | e following amount: | | | _ | |
| □ \$25.00 Filin | g 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) | |
| | | NG ADDRESS: | | COURIER. | ADDRESS: | |
| | | ation Section n of Corporations ox 6327 | | on Section of Corporation uilding | าร | |

2661 Executive Center Circle Tallahassee, FL 32301

H230003209883

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERDEG COMPANY LLC

H230003209883

| (Name of the Limited Liability Company (A Florida Limited Lia | as it now apposibility Company | ears on our records.) | | |
|---|--------------------------------|--|--|--|
| The Articles of Organization for this Limited Liability Company w Florida document number L21000327429 | ere filed on | 07/19/2021 | and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabili | ty company | here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the | e designation "LLC" or t | he abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | <u></u> | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | · 60 | |
| | | | · · · | |
| | | | 1.5 1 | |
| Enter new mailing address, if applicable: | | | cle | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | • • | |
| | | | $\overline{\omega}$ | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address o | n our records, <u>ent</u> | er the name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | City | , Florid | a Zip Code | |
| No. Desired Access Company of the control Desired Access | Chy | | z.φ C ode | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance ovided for ir | of my duties, and I i Chapter 605, F.S. | am familiar with and Or, if this document is | |

Page 1 of 3

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

H230003209883

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------------|------------------|----------------|
| AMBR | Gutierrez Camacaro, Domingo | 3625 NW 82ND AVE | |
| | | SUITE 318 | ■ Remove |
| | | DORAL, FL 33166 | ☐ Change |
| | | | Add |
| | | | 🗆 Remove |
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| ctive date, if other tha | n the date of fil | ling: | | | (optional) | |
| ctive date, if other that effective date is listed, the di If the date inserted in | ate must be specific | and cannot be prior | to date of filing | or more than 90 da | ys after filing.) Pur | suant to 605.0 |
| ment's effective date on | the Department of | of State's records. | | | | |
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| ecord specifies a de e 90th day after th | | | t an effectiv | ve time, at 12 | :u.t. a.m. on t | ne earliei |
| OCTORED 2 | | 2023 | | | | |
| d OCTOBER 2 | | 2023 | _· | | | |
| | - 10 | C ADG | } | ン | | |
| | Signature o | a member or author | orized represent | ative of a member | | |
| | | · · · | ١ | | | |

Page 3 of 3 Filing Fee: \$25.00

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