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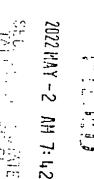
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

GRANOS SUBJECT:	SELECTOS USA SRL			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	JORDAN ROSAS			
		Name of Person		
	Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: JORDAN ROSAS Name of Person SACONSA GROUP LLC Firm/Company 7950 NW 53 RD STREET SUITE 337 Address MIAMI FL 33166 City/State and Zip Code JESUSLEONTERAN@GMAIL.COMJESUS E-mail address: (to be used for future annual report notification) cerning this matter, please call: att (
		Firm/Company		
	7950 NW 53 RD STREET	SUITE 337		
	~	Address		
	MIAMI FL 33166			
		City/State and Zip Code		
	•			
		·	ification)	
For further information c	oncerning this matter, please c	all:		
JORDAN ROSAS				
Name of Person			ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 632		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GRANOS SELECTOS USA LLC

2022 HAY -2 AH 7: 42

	a taminy Compa	us as it now appe	ears on our reco	(<u>rus.</u>)	
(Name of the Limited	A Florida Limited I	Jability Company	()	Tall	The Late Late
The Articles of Organization for this Limited Lia	hilitu Campanu	Clad on (02-14-2022		And the Fig.
-		were med on _			_ and assigned
Florida document numberL22000077089	<u></u> -				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liab	ility company	<u>here</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the	e designation "Ll	LC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
		-			
Enter new mailing address, if applicable:					
•	<u>0X)</u>			_	
•	<u>0X)</u>			-	
· · · · · · · · · · · · · · · · · · ·	<u>0X)</u>				
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office a	address on our	records, <u>entc</u>	er the name o	of the new regist
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office a	address on our	records, <u>entc</u>	er the name o	of the new regist
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a	address on our	records, <u>entc</u>	er the name o	of the new regist
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re	gistered office a	address on our	records, ente	er the name (of the new regist
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a				of the new regist
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regard and/or the new registered office address Name of New Registered Agent:	gistered office a		records, <u>entc</u>		of the new regist
• •	gistered office a		lorida street addr		

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ROSAS ALCOBA BLADIMIR V	3625 NW 82ND AVE SUITE 100 K	□Add
		DORAL FL 33166 US	■Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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If an effective date is I Note: If the date ir	other than the date listed, the date must be sp nserted in this block do we date on the Departi	pecific and cannot be oes not meet the a	applicable statutory	g or more than 90 days filing requirements.	p tional) after filing.) Pursuant to 60 this date will not be lis	05.0207 (sted as 1
e record specifies a rd is filed.	delayed effective date	e, but not an effect	tive time, at 12:01 a	a.m. on the earlier o	f: (b) The 90th day aft	er the
	APRIL	2022				
Dated MIAMI 27-7						
Dated MIAMI 27	_	11 4	0			
Dated MIAMI 27	Signa	John K	r authorized represent	tative of a member		