Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANCHEZ VADILLO LLP

Account Number : 120150000038

Phone Fax Number

: (305)485-9700 : (813)492-8840

**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDSARO INVESTMENTS, L.L.C.

2021 OCT 19

Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDSARO INVESTMENTS, L.L.C.				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000049502</u>	were filed on 05/18/2005 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	910 NW 129th Avenue Miami, FL 33182			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office				
agent and/or the new registered office address here:	a. G			
Name of New Registered Agent:	28			
New Registered Office Address:	Enter Florida street address			
	City Florida Zip Codta			
New Registered Agent's Signature, if changing Registered Agent	2: 2 Ini			
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and			

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>	Name	Address	Type of Action
MGR	ROSALES DE RODRIGUEZ, SAF		□Add
		1000 BRICKELL AVE. #102	■Remove
		MIAMI, FL 33131	□Change
MGR	Rosales Alvarez, Sarelvy	910 NW 129TH AVENUE	= Add
		MIAMI, FL 33182	□Remove
			[]Change
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fective date, if other than the d	ate of filing:		(option	al)	****
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ocument's effective date on the Dep	artment of State's re	cords.		.4.	
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record specifies a delayed effective	iate, but not an effec	tive time, at 12:01	a.m. on the earlier of: (b)		aypafter the
is filed.					<u> </u>
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