121000473055

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400376926434

11/22/21--01021--001 **25.00

T. MATTHEWS

DEC - 9 2021

COVER LETTER

TO: Registration Sc Division of Cor		•	•
	MARUSA LLC		:
SUBJECT:		ited Liabitity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAVIER GUZMAN VELA	ASCO	
		Name of Person	
	SERSUINMARUSA LLC		
		Firm/Company	
	19370 COLLINS AVE 10	14	
		Address	
	SUNNY ISLES BEACH, I	FL 33160	
	USTUEMPRESA@GMAII	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
JAVIER GUZMAN VEI	LASCO	786 340-0372 at ()	
Name o	n' Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 radditional copy is enclosed:
Mailing Addres Registration		Street Address: Registration Sec	ction
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	•
1.O. DON 002	<u>.</u> /	THE COME OF I	ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

and assigned

SERSUINMARUSA 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 $\frac{L21000473055}{L21000473055}$

Florida document number 11/01/2021	<u> </u>			
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company her	<u>e</u> :	
NA				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE	E BOX)			
				
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our re	cords, <u>enter the na</u>	me of the new register
New Registered Office Address:	NA	r ri	la street address	
		r,nier r toric		
	NA	Сиу	Florida <u>^</u>	NA Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>.</u>		·
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as gregistered offic	e performance of n provided for in Cl	ny duties, and Lam hapter 605, F.S. O	familiar with and r, if this document is

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

<u>Title</u>	Name	Address 21 HOV 02 - 101 8: 52	Type of Action
AMBR	WILXANDER BLANCO	19370 COLLINS AVE. 1014	■ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA NA	NA	NA	🗆 Add
		□Remove	
			□Change
NA	NA NA	NA	
		Remove	
		□Change	
NA NA	NA	□ Add	
			□Remove
		□Change	
NA NA	NA	□Add	
		□Remove	
	**	□ Change	
NA NA	NA	🗀 Add	
			□Remove
			□Change

Page 2 of 3

NA	g. 52
	21 157 27 11 8: 52
-	
	
<u> </u>	
-	
-	
fective date, if other than the d	ate of filing: NA (optional)
an effective date is listed, the date must b	ate of filing:
ocument's effective date on the Dep	
	effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the recor	d is filed.
NOVEMBER 15	2021
ted	· · · · · · · · · · · · · · · · · · ·
	Javier Guzman ignature of a member or authorized representative of a member
Si	ignature of a member or authorized representative of a member
JAVIER GUZMAN VEL,	A SCCO
	Typed or printed name of signee