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Division of Corporations

epartment of State H220000054243

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Cor	rporations -	,	- 1
	Fax Number	: (850)617-6383	• •	C
				77.
From:				
	Account Name	: SACONSA GROUP LLC	:	Ξ
	Account Number	: 120200000187	· _ ·	_
	Phone	: (786)757-2436		Γ
	Fax Number	: (786)513-5977		

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRUPO GERSINGER LLC**

	Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

H220000054243

Div	ision of Corp	porations			
		ERSINGER LLC			
SUBJECT:		Name of Linu	ted Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	idence concerning this matter	to the following:		
		JESUS LEON			
			Name of Person		
		SACONSA GROUP LLO			
			Firm/Company		
		3625 NW 82 Avenue St	uite 100⋅K		
		 -	Address		
		DORAL, FL 33166			
			City/State and Zip Code		
		JESUSLEONTERAN@G	MAIL.COM to be used for future annual re		
				port nouncation)	
For further in	nformation c	incerning this matter, please or	i] -		
JESUS LE	ON			2436	
	Name of	Person	at () Area Code	Daytime Telepho	nie Number
Enclosed is	a check for th	e following amount:			
\$25,00 [Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/	COURIER AD	DRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220000054243

GRUPO GERSINGERLLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on and assigned
Florida document number L21000225205	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ry," the designation "LLC" or the abbreviations L.C."
Enter new principal offices address, if applicable:	2.4
(Principal office address MUST BE A STREET ADDRESS)	<u>्</u>
Enter new mailing address, if applicable:	20 E F
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here: Name of New Registered Agent:	ress on our records, enter the name of the m
Name of New Registered Agent.	
New Registered Office Address:	Inter Florida street address
	, Florida
City	Zip Code

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 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

H220000054243

<u>Title</u>	Name	Address	Type of Action
MGRM	Guia Gonzalez, Leonardo	3625 NW 82 AVE	Add
		SUITE 100 K	☐ Remove
		DORAL, FL 33166	Change
			Add
			☐ Remove
			□ Change
			A Remove
			Change
			☐ Remove
			Change
			□ Remove
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C. PStanting data if a	than than the date of f	Slina-	(optional)	
(If an effective date is him Note: If the date in:	ther than the date of f sted, the date must be specific serted in this block does r e date on the Department	c and cannot be prior to date of filing or more not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to	605,0207 (3)(b) listed as the
If the record specifi (b) The 90th day	les a delayed effective after the record is file.	ve date, but not an effective timed.	e, at 2:01 a.m. on the ea	riter of:
Dated	R 20			
			levarts	
 	Signature	of a member or authorized representative of	a dicorber	•

To:

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee