1030000004752

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



900333114829

08/20/19--01007--015 ++52.50

19 SEP 13 AM 8: 47

SEP 1 1 XIII

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANE	101	PPO_	, UC	
(Name of the Limited Liabili	ty Company a	s it now appears	on our records.)	
(A Florida	Limited Liabi	lity Company)		

	ed Liability Company)	17/2/2017	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L03 00004</u> . 7	iny were filed on $\underline{}$	Z/VT/ZVV3	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	e address on our records, enter the name of the new Emer Florida street address Cuy To act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is	
			: 8 - 1
		\$6.5 (n =	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			1 2
			_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on nere:	our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
	City	, Florida	Zio Code
New Registered Agent's Signature, if changing Registered Age	·		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	agree to act in this c ete performance of as provided for in C	my duties, and I am fan Shapter 605, F.S. Or, if i	iiliar with and this document is
If C	Thanging Registered Ag	ent. Signature of New Regis	tered 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>	<u>Name</u>	Address	Type of Action
MERM	JAIME SVAREZ	2 20335 W. COUNTRY 4 #209, AVENTURA FL 3	JB JO
		# 201, NOVIVAL 103	Remove
			Change
MGRM	DAMIEN SUAREZ	1800 SANS SOUCI #426 NORTH MIAMI FL 33181	Add
			Remove
	TATALLA SUADO		Change
MGRH	TATIANA SUAREZ	1636 SW 10 ST MIAMI FL 33135	□ Add
			Remove
			□ Change
			Add Signature 1
			ω
		CORIDA	∰ DE hango ∴ co O
			□ Remove
			Change
			□ Remove
			Change

									-
									_
				<u>-</u>					_
									
	-			<u> </u>		, , ,			_
		<u>.</u>							_
	-								_
							_		-
			<u> </u>						_
	_								_
									
					-				_
		<u> </u>		-		<u> </u>			_
							75 SE		_
		·					<u> - 논문</u> 건강	19 SE	_
	<u> </u>						<u> </u>	٥-	
							<u> </u>	ω —	
			-					E 15	E D
Effective date, if	other than the	date of filing	;			_ (option	al	9 2	
If an effective date is Note: If the date i document's effecti	nserted in this blo	ack does not m	eet the applica	to date of fling o able statutory fi	r more than 90 a. ling requireme	nts, this d	ate will r	iot be li	sted as (
ne record speci The 90th day	fies a delayed after the rec	l effective do ord is filed.	ate, but no	t an effective	e time, at 1	2:01 a.r	n. on th	ne ear	lier of
Dated	-10-2	019		·					
		-5	3						
		Sig nattiros) a n	iember or autho	rized representat	ive of a member	•			
		DAMI		\bigcirc . A M \bigcirc	$-\circ$				

Page 3 of 3

Filing Fee: \$25.00