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TO:18506176383 FROM:9545102072

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Division of Corporations

Florida Department of State

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Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GFB TAX SERVICE LLC
Account Number : 120120000047
Phone : (754)246-6160
Fax Number : (954)510-2072

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

Email Address: gastonbelen@gfbtaxservice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAROS LLC

Certificate of Status	0
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J. LEGGETT
FEB 14 2018

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Corporate Filing Menu

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COVER LETTERTO: Registration Section
Division of Corporations

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SUBJECT: SAROS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

2833 EXECUTIVE PARK DRIVE, SUITE 200

Address

WESTON, FLORIDA 33331

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON BELEN

754

246-6160

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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SAROS 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 06/07/2012 and assigned
Florida document number 1.12000076412

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

100 N FEDERAL HWY # 1025

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JESSICA TENAGLIA

New Registered Office Address:

100 N FEDERAL HWY # 1025

Enter Florida street address

FORT LAUDERDALE

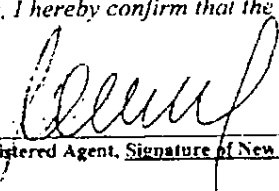
Florida 33301

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	3F&M ASSETS MANAGEMENT	WICKHAMS CAY P.O. BOX 662.	<input type="checkbox"/> Add
		TORTOLA BVI AF	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FABIAN A LENA	100 N FEDERAL HWY # 1025	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIANA M METOLA	100 N FEDERAL HWY # 1025	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 1st, 2018

Signature of a member or authorized representative of a member

FABIANA A LENA

Typed or printed name of signee