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(F	Requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer.

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TO: Registration So Division of Co			
SURIFCT	NMARASA (H	043) LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	DACOST	Name of Person	
		Name of Person	
	SATELL	ITE AND IZADIO	5. A. (HOØ9) LLC
		Firm/Company	
	6505 B	LUE LA QUON DE	2. SUITE 455
		Address	
	MIAMI,	City/State and Zip Code	
	E-mail address: (MG D CONARINA to be used for future annual report not	ification)
For further information of	concerning this matter, please c		
コルニレッカム	(O 5T2)	70(, 775)	\$200
Name of	of Person	at (786) 325 (Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 633		The Centre of	-
Tallahassee,		2415 N. Monro	pe Street, Suite 810
		Tallahassee, FI	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INMARASA (HOØ3), LLC	
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	

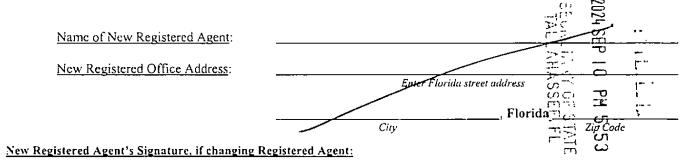
The Articles of Organization for this Limited Liability Company were filed on FEB 13, 2013 and assigned Florida document number <u>L 13 0000 230 87</u>.

This amendment is submitted to amend the following:

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

SATELLITE AND RADIO S.A.	(HOR9), LLC
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:	
(Principal office address MUST BE A STREET ADDRESS)	6505 WATERFURD DISTRICT DR
	SUITE 455
	MIAMI, FL., 33126
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE

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:



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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			∕ □Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
		/	🗆 Add
			□Remove
			□Change
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Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	JULY 29, 2024
Batta _	,

Filing Fee: \$25.00

MAIZLON JUEN
Typed or printed name of signee