K13000 132955

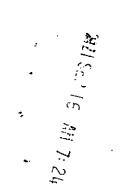
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	

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O SIMMONS SEP 2.7 2021

COVER LETTER

Division of Cor	porations		,
SUBJECT:S	AHUAR I TA	dited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MGRM Bad	der Alfodari –/	46RM Irma Bedoya
		Firm/Company	
	P.O BOX	3/0641 Address	<u> </u>
		33 23 City/State and Zip Code O. gya i Com to be used for future annual report notin	
	Baderiya	O. gryail Com	fication)
For further information co	oncerning this matter, please co		
<u>Bader Al</u>	Fodari Person	at (<u>30 S</u>) <u>793 -</u> Area Code Daytime	2236 e Telephone Number
Enclosed is a check for th	ne 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)

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 15 Rd 7: 24

SAHUAR I TA (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>13000/32955</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new registers</u>
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida	street address
		Florida
N. D. Carlotta and St. Carlotta in D. Carlotta and	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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 42182 16 All 7:24 Type of Action Title Name. Po Box 310641 . Miami, Fl 3323 1 Add MGR Irma Bedoya ______X'Remove _____ Change _____ Change ______ □Remove ☐ Change

	er information, enter			· · ·	#!! 	7: 24
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If an effective date is listed <u>Note:</u> If the date inser	er than the date of filing, the date must be specific asted in this block does not late on the Department of	nd cannot be prior to dat meet the applicable :	te of filing or more th statutory filing req	an 90 days al	i tional) ier filing his date) Pursuant to 605.0207
e record specifies a dela rd is filed.	ayed effective date, but n	ot an effective time, a	at 12:01 a.m. on the	e earlier of:	(b) Th	ne 90th day after the
Dated Septem	ber 8th	2021	^	,		
<u> </u>	ber 8th len Alfula Senature of	a member or authorized	representative of a	ed (#)	ga	
	ler Alfoda	\sim		B	100	,

Filing Fee: \$25.00