## L14000028852

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## **COVER LETTER**

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S. A LLC		<b>!</b>	•			•
Name of Limi	ited Liability Company					
amendment and fee(s) are sub-	mitted for filing.					
dence concerning this matter	to the following:					
LUIS WAGNER SAADI						
	Name of Person		_			
	Firm/Company					
6246 WOODURY RD	_					
	Address					
BOCA RATON, FL 33433						
wgsaadi@hotmail.com	City/State and Zip Co	ode				
E-mail address: (	to be used for future and	nual report notif	ication)			
ncerning this matter, please ca	all:					
	561	8599097				
Person	Area Code	Daytime	Telephone	: Number	_	
: following amount:						
☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	<i>:</i>	(	Certificate of Certified Cop	Status y	
•••			ction			
	A LLC  Name of Lim  Amendment and fee(s) are sub- indence concerning this matter  LUIS WAGNER SAADI  6246 WOODURY RD  BOCA RATON, FL 33433  wgsaadi@hotmail.com  E-mail address: ( incerning this matter, please ca	ALLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  LUIS WAGNER SAADI    Name of Person	ALLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  LUIS WAGNER SAADI    Name of Person	A LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Idence concerning this matter to the following:  LUIS WAGNER SAADI  Name of Person  Firm Company  6246 WOODURY RD  Address  BOCA RATON, FL 33433  City/State and Zip Code wgsaadi@hotmail.com  E-mail address: (to be used for future annual report notification)  meetning this matter, please call:  2561  Person  Area Code  Daytime Telephone  c following amount:  \$\Begin{array} \text{S10,000 Filing Fee & S55,00 Filing Fee & SCertificate of Status}  Certified Copy (additional copy is enclosed)	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Italia Wagner Saadi  Name of Person  Firm Company  6246 WOODURY RD  Address  BOCA RATON, FL 33433  City/State and Zip Code  wgsaadi@hotmail.com  E-mail address: (to be used for future annual report notification)  meerning this matter, please call:  2561  Person  Area Code  Daytime Telephone Number  ce following amount:  [S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status  Certificate of Status  Street Address:	A LLC  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    LUIS WAGNER SAADI

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

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 OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ated Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp Florida document number 1.14000028852	oany were filed on	and assigned
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	S)	
		7
		7623
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
		;5
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	.2.5
	F)	lorida
	City	Zip Code

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

DOWED SEATIC

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 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
AMBR	SERGIO COLAFERRI	3301 NE 183rd St. Aventura, FL 33160	<b>=</b> Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
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			Remove
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	I cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 neet the applicable statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
a filad	
ed 7-5-223	· ——·
	member or authorized representative of a member