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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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(Document Number)
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A. BUTLER JAN 1 Z 2022

COVER LETTER

то:	Registration Sec Division of Corp		•	
CUBIE	SAJ Financi	ial LLC		
SUBJEC	L1:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	n.itted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		Sajimon P. Mathew		
			Name of Person	
			Firm/Company	
		1569 Thetford Cir		
			Address	
		Orlando, FL 32824		
			City/State and Zip Code	
		saj 1040@yahoo.com E-mail address: (to be used for future annual report notifica	ation)
For furtl	her information co	oncerning this matter, please c	all:	
Sajimor	P. Mathew		407 319-2312	
	Name of	f Person	at () Area Code Daytime T	elephone Number
Enclose	d 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		<u>Street Address:</u> Registration Secti	on

Registration Section 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

2021 030 27 111 1120

	- 1.1 1. EV			
SAJ FINNACIAL LLC	·			
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 01/20/2015 and assigned			
Florida document number L15000010446				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	vility company here:			
SAJ USA 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:	13920 Landstar Blvd, Suite#41			
(Principal office address MUST BE A STREET ADDRESS)	ESS) Orlando, FL 32824			
Enter new mailing address, if applicable:	13920 Landstar Blvd, Suite#41			
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32824			
D. Tr.				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register			
Name of New Registered Agent:				
Nam Panistared Office Address				
New Registered Office Address:	Enter Florida street address			
	Florida			
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			🗆 Remove
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Effective date, if other than the difference of the date must should be shou	e specific and k does not n	cannot be prior	cable statutory	filing requirem	ents, this date w	Pursuant to 605.0207 fill not be fisted as
e record specifies a delayed effective d is filed.	date, but not	an effective t	ime, at 12:01 a	i.m. on the earl	ier of: (b) The	90th day after the
a is mea.						
December 70	 .	2021				
	ardines of a	P	Math	ative of a member		,,

Filing Fee: \$25.00