L15000135543

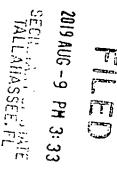
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COVER LETTER

TO:	Registration Sec Division of Corp						
a	HUIDA MOLDS LATIN AMERICA, LLC						
SUBJE	CT:	Name of Limi	ited Liability Company				
The encl	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspon	ndence concerning this matter	to the following:				
		JESUS LEON					
			Name of Person				
		SACONSA GROUP LLC	3				
Firm/Company							
		7950 NW 53RD STREET	SUITE 337				
SACONSA GROUP LLC Firm/Company 7950 NW 53RD STREET SUITE 337 Address MIAMI FL 33166 City/State and Zip Code JESUS@TAXTEAMM.COM							
		MIAMI FL 33166					
		E-mail address: (1	to be used for future annual report notifi	ication)			
For furth	ner information co	oncerning this matter, please ca	all:				
JESUS			917 946 6502				
	Name of	'Person	at () Area Code Daytime	Telephone Number			
Enclose	d is a check for th	e 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUIDA MOLDS LATIN AMERICA, LLC

(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L15000135543	iability Company	were filed on	and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1234 DIXIE HIGHWAY #1029,	
(Principal office address MUST BE A STREE		CORAL GABLES 33146, FLO	RIDA USA
		1234 DIXIE HIGHWAY #1029,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	CORAL GABLES 33146, FLORIDA USA	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	or registered of of the first series of the fi	<u>e</u> :	enter the name of the new
New Registered Office Address:	7950 NW 53RD STREET SUITE 337		7: 4:11
New Registered Office Padaress.	MIAMI	Enter Florida street address Flori	™ ω
		City , Florid	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as pregistered office change.	performance of my duties, and a provided for in Chapter 605, F.S. address, Thereby confirm that t aging Registered Agent, Signature of N	I am familiar with and S. Or, if this document is the limited liability

if amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 " '	□ Remove
			Change
			Remove
			Change
			Remove
			□ Change
			□ Add
			□ Remove
			□ Change
		 	
			□ Remove
			Change
	-		Add
			Remove
			Change

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<u>lote:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier as 90th day after the record is filed.
	JULY, 22 2019
hated	. /

Typed or printed name of signee

Filing Fee: \$25.00

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