

4/15/2024 4:34PM

Division of Corporations

No. 7236 P. 1

L1600007549

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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APR 16 2024 8:18 AM

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SARATOGA 551 LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$30.00 |

K. SALY

APR 16 2024

Apr. 15. 2024 4:34PM

No. 7236 P. 2

FILED

2024 APR 16 PM 1:21

CLERK OF CIRCUIT COURT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SARATOGA 551 LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 01/11/2016 and assigned Florida document number: L18000007649

Article I

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" or the abbreviation "L.L.C."

Article II

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**)

Article IV

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:

Name of New Registered Agent:

New Registered Office Address:

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

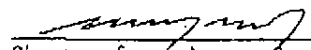
| Title | Name | Address | Type of Action |
|-------|-----------------------------|--|--|
| AMBR | CARLOS ALBERTO SILVA NEGRAO | ALAMEDA DAS JAVANEZAS, 70, CAMINHO DAS ARVORES | REMOVE <input checked="" type="checkbox"/> |
| | | SALVADOR, BA 41820-550 | ADD <input type="checkbox"/> |

C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: APR 15, 2024


Signature of a member or authorized representative of a member

Carlos Alberto Silva Negro / AMBR
Typed or printed name of signee

FILED
APR 16 2024
11:21
ALABAMA