# 117000138400

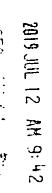
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### **COVER LETTER**

то:	Registration Sec Division of Corp			,		
45 C L PS 4 L S 4	SAO GROU	JP LLC				
SUBJE	UI:	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 correspor	ndence concerning this matter	to the following:			
		OSCAR MARTORELL				
			Name of Person	<del></del>		
		SAO GROUP LLC				
Firm/Company						
	152558 NE MIAMI GARDENS DR					
	Address					
MIAMI fl 33180  City/State and Zip Code						
		E-mail address: (t	to be used for future annual report notifi	ication)		
For furth	ner information co	ncerning this matter, please ca	all:			
OSCAR MARTORELL			305 988-3490 at () Daytime			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for the	e following amount:				
<b>■</b> \$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:

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

SAO GROUP LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) nited Liability Company)
-	pany were filed on 06/26/2017 and assigned
Florida document number L17000138400	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I 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."
Enter new principal offices address, if applicable:	2 15
(Principal office address MUST BE A STREET ADDRES	55)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the n
registered agent and/or the new registered office addres	s here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SOHAIL MITHA	2346 THOMAS STREET	<b>-</b>
		HOLLYWOOD FL 33020	Add
		HOLLY WOOD PL 33020	□ Remove
			☐ Change
AMBR	HUSSEIN RAKINE	2346 THOMAS STREET	Add
		HOLLYWOOD FL 33020	□ Remove
			Pin Ghange
			Remaye
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an effecti	e date, if other than	te must be specific a	ind cannot be prior	to date of filing or	more than 90 days a	otional) fter filing.) Pursuan	t to 605.020°
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