Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:	Account Name : MARTIN ACCOUNTIN Account Number : 1200600000012 Phone : (305)826-5886 Fax Number : (305)722-0535	NG & TAX SERVICE,	INC F	THE CHARLES	
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

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Help

ARTICLES OF AME: DMENT TO ARTICLES OF ORGANIZATION OF

	SA ENTERPRISES, LLC		
(Name of the Limited Liability ((A Fiorida Li	Company as it now appears mited Liability Company)	on our records.)	•
The Articles of Organization for this Limited Liability Con	npany were filed on	10/02/2017	and assigned
Florida document numberL17000203629			1. s. 📥
This amendment is submitted to amend the following:	, , , , , , , , , , , , , , , , , , ,	•	
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
	,		三 宝 二
The new name must be distinguishable and contain the words "Limitec	Liability Company," the des	ignation "LLC" or the al	obreviation L.L.C.
Enter new principal offices address, if applicable:			00000
(Principal office address MUST BE A STREET ADDRES			
			·
Enter new mailing address, if applicable:	<u>. – </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
1			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:	FUQAHA, A	aysar y	
New Registered Office Address:	5031 SW 15	2ND AVE	
	Enter Florid	a street address	
	MIRAMAR	Florida	33027
	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> <u>Name</u> **Address** Type of Action **AMBR** FOQAHAA, SHADI F 6288 NW 186TH ST □ Add HIALEAH, FL 33015 Remove ☐ Change □ Add □ Xemove ☐ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change _□ Add □ Remove □ Change

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Dated	NOVEMBER 10	, 2017			
he record The 90th	specifies a delayed effec n day after the record is	tive date, but no filed.	t an effective time, at	12:01 a.m. on the ea	rtier of;
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If an effective	ate, if other than the date of date is listed, the date must be spec	ific and cannot be prior	to date of ™ing or more than 9	(optional) 0 days after filing.) Pursuant to	605.0207 (3
					
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