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PICK-UP WAIT MAIL
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TO:

	Registration Se Division of Cor			
		TMENTS GROUP LLC		
SUBJEC	-1: _ <u></u>	. Name of Limi	ted Liability Company	
The encl	osed Articles of	. Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CHARLES F. DIAZ-ALEJ	ANDRO	
			Name of Person	
			Firm/Company	
		1985 CALAIS DR. #6		
		MIAMI BEACH, FL 3314	Address 1	
		saturnlightstudios@gmail.co	City/State and Zip Code	
For furth	er information o	E-mail address: (oncerning this matter, please or	to be used for future annual report no	tification)
CHARL	ES F. DIAZ-AL	EJANDRO	305 842-7650 at ()	
	Name o	f Person		ne Telephone Number
Enclose	is a check for th	ne following amount:		
©∕\$2 5.	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)
	tr (·			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section on of Corporations ox 6327	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) nited Liability Company)
pany were filed on JANUARY, 26, 2018 and assigned
,,
(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on IANUARY, 26, 2018 and assigned rida document number L18000024298 Is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: 1985 CALAIS DR. #6 MIAMI BEACH, FL 33141 If amending the registered agent and/or registered office address on our records, enter the name of the interest agent and/or the new registered office address here: Name of New Registered Agent: CHARLES F. DIAZ-ALEJANDRO
Liability Company "the designation "LLC" or the abbreviation "L.L.C."
-
3
ed office address on our records, enter the name of the shere:
S F. DIAZ-ALEJANDRO
AIS DR. #6 Enter Florida street 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.

City

MIAMI BEACH

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	JOSE R. DIAZ ALEJANDRO	8235 CRESPI BLVD UNIT 3 MIAMI BEACH, FL 33141	
		JOSE R. DIAZ ALEJANDRO	
			■ Remove
			☐ Change
	CHARLES F.	1985 CALAIS DR. #6	
MGR	DIAZ-ALEJANDRO	MIAMI BEACH, FL 33141	Add
			□ Remove
			☐ Change
			
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n effective date is listed, the date r	he date of filing: must be specific and cannot be prior	to date of filing or more than 90	(optional) days after filing.) Purs	uant to 605.029
	block does not meet the applicable. Department of State's records		nents, this date will r	ot be listed a
	•			
The 90th day after the r			12:01 a.m. on tl	ne earlier
ted October fo	Signature of a member or suth	2.// /		
		Allewillas		
	Signature of a member or suth	onzed representative of a memb	HET	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00