

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Ве	usiness Entity Name	e)
(Da	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300318258283

09/17/18--01023--013 **25.00



COVER LETTER .

CHID IDATE.	SAXAASS	OCIATES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for tiling.	
Please return	all correspor	dence concerning this matter	to the following:	
		Yesenia Rivera		
		Rivera Law, LLC	Name of Person	
		8400 NW 36th St. Suite 45	Firm/Company 60	
		Doral, FL 33166	Address	
		yesenia@riveralawinternation	City/State and Zip Code onal.com	
		E-mail address: (t	to be used for future annual repor	t notification)
For further is	nformation co	ncerning this matter, please co	ıll;	
Yesenia Riv	era		1 786.366	
	Name of	Person	at () Area Code D	aytime Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 l·	iling 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

> 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

SAXA ASSOCIATES, LLC		
(<u>Name of the Limited Liah</u> (A Flori	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.18000049712	Company were filed on	and assigned
This amendment is submitted to amend the following:		<i>4</i>
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		St. St.
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10 E 20 E 20
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	/::	Florida
	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>	<u>Address</u>	Type of Action
AMBR	Alberto Rivera Vergara	Cra 4 # 24A-04	
		Urbanizacion Praga	
			□ Remove
		Cartago, Colombia	
			E Change
 .			
			m
			□ Remove
			C change
			□ Add
			Change
			Remove]
			·
			Change Change
			P O
		-	<u>~</u> ↓.∧uu
			20 L
			Remove
			Change
			П 0
			□ Remove
			□ Remove
			Character .

Alberto Rivera Vergara		
Cra 4 # 24A-04		
Urbanizacion Praga		
Cartago, Colombia		
		<u> </u>
		
· · · -		5::: 6
		- F
		_
		: P
		20 0 A
ctive date, if other than the da	te of filing:	(optional)
ffective date is listed, the date must be	specific and cannot be prior to date of filing or	r more than 90 days after filing.) Pursuant to 60
ment's effective date on the Department	rtment of State's records.	ling requirements, this date will not be lis
		e time, at 12:01 a.m. on the earl
e 90th day after the recor	is filed.	
August 12	2018	
d		
	MMuk	

Page 3 of 3

Filing Fee: \$25.00