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A. BUTLER APR 0 4 2022

COVER LETTER

Division of Corporations SANSON CATTLE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Melania Di Stefano Name of Person Firm/Company 3030 NE 188TH ST, 501 Address AVENTURA, FL 33180 City/State and Zip Code MelaniaDiStefano07@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 Melania Di Stefano 202-2609 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

, TO: Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

SANSON CATTLE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETAE CONTENTS

If Changing Registered Agent, Signature of New Registered Agent

The Articles of Organization for this Limited Liability Company	31, 03/15/20 www.filed.on	METALL OF STATE M2LAHASSEE, FL. and assigned
Florida document number	were med on	und ussigned
Florida document number		
This amendment is submitted to amend the following:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
<u>. </u>		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our recor	ds enter the name of the new registered
agent and/or the new registered office address here:	address on our record	enter the name of the new registered
Name of New Registered Agent:		
Non-Professor Office Address		
New Registered Office Address:	Enter Florida st	reet address
		. Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my o provided for in Chap	duties, and I am familiar with and stee 605, F.S. Or, if this document is

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	Melania Di Stefano	3030 NE 188TH ST. 501. AVENTURA, FL 33480	IZ ∕Add
			□Remove
			□Change
			□Add
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ective date, if other than the offective date is listed, the date must te: If the date inserted in this bloomment's effective date on the De	ock does not meet the ap	oplicable statuto	ing or more than 90 ry filing requirer	(optional) days after filing.) Purs nents, this date will (uant to 605,020 not be listed as
cord specifies a delayed effective s filed.	: date, but not an effecti	ve time, at 12:0	I a.m. on the ear	lier of: (b) The 90t	h day after the
March 15	2022	α	\sim		
ed	<u> </u>	:///	Court		
				()	
	Signature of a member or	authorized repres	smative of a memb	oer	