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COVER LETTER

TO: Registration So Division of Co			
SAZSEL I			
SUBJECT:	Name of Lin	nited Liability Company	
09			
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	STEPHANIE TREVISAN	1	
		Name of Person	
		Firm/Company	
	14532 SW 83RD ST		
		Address	
	MIAMI, FL 33183		
		City/State and Zip Code	
	JOSEPH@TAXEMPEROI		
		to be used for future annual report notificati	ion)
For further information of	concerning this matter, please c	all:	
STEPHANIE TREVISA	N .	305 793-6961 at ()	
Name o	of Person		lephone Number
Enclosed is a check for the	he following amount:		
■ \$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 Addres Registration S		Street Address: Registration Sectio	n
Division of C	Corporations	Division of Corpor	
P.O. Box 632		The Centre of Talla	
Tallahassee,	rに 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAZSEL LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability Company were filed on	04/17/2018	and assigned
Florida document number 1.18000096313		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		70
		1 V 2
Enter new mailing address, if applicable:		in in
Mailing address MAY BE A POST OFFICE BOX)		-ਫ਼ੈਂ ਹ
Manning mairess MAT BL ATOST OFFICE BOX)	<u></u>	$\frac{\Sigma}{\omega}$
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of	f the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
Enter F	lorida street address	<u>, , , , , , , , , , , , , , , , , , , </u>
	. Florida	

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

Zip Code

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	SABRINA AKHAVAN	14532 SW 83RD ST	
		MIAMI, FL 33183	□Remove
			≡ Change
			□Add
			□Remove
			□Change
			Add NOV □ Remove
			☐ ©hange
			□Remove
			□ Change
			□Add
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E. Effective date, if other than the	date of filing							
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble	be specific and	cannot be prior	to date of filing	or more than 90 d	_ (optional) ays after filing) J.) Pursua	nt to 605	.0207 (
Note: If the date inserted in this blo document's effective date on the De				filing requireme	ents, this date	will no	t be liste	ed as t
			•					
If the record specifies a delayed effective record is filed.	date, but not	an effective ti	me, at 12:01 a	.m. on the earlie	er of: (b) Ti	he 90th c	lay after	r the
Dated NOVEMBER 10		2020						
		<u> </u>	<u> </u>					
Stephanie Tr	evisan							