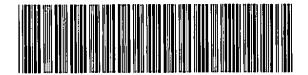
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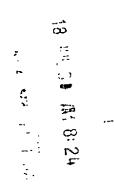
(Requestor's Name)
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T. CLINE
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EXAMINER

## **COVER LETTER**

TO: Registration 8 Division of Co			
SAOLI G	ROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub	•	
Please return all corresp	oondence concerning this matter	to the following:	
	Yngrid Salazar		
		Name of Person	
		Firm/Company	
	60 Edgewater Drive, 15E		-
		Address	• •
	Coral Gables, FL 33133		<u>.</u>
		City/State and Zip Code	
	yfso0511@gmail.com		
Car Gurban in Exemption	concerning this matter, please c	to be used for future annual reportation	i nonneation)
	concerning this matter, please c		
Yngrid Salazar		305 519-35 at () Area Code D	
Name	of Person	Area Code D	aytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: stration Section tion of Corporations	STREET/CC Registration S Division of C	

P.O. Box 6327 Tailahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAOLI GROUP, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.18000132333}{1.18000132333}$ .	ny were filed on May 29, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		# <del>**</del>
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		
	·	. F
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	
	Cuy:	rida
	•	zip Coae
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and s provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is
If Ch	nanging Registered Agent, Signature of	f 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
MGR	JESSICA G. SALAZAR	11750 SW 110th LN, Miami, FL 3318 6	
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fective date, if other than the meffective date is listed, the date ma	e date of filing: ist be specific and can	not be prior to date a	of filing or more than	(optional) 90 days after filing	) • ) Pursuan	r to 605 02t
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ocument's effective date on the I	repartment of State	s records.				
record specifies a delaye	d effective date	but not an e	ffective time. a	at 12:01 a.m.	on the	earlier o
The 90th day after the re		,	,			
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		han and an incident	presentative of a me	mber		<del></del>

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Filing Fee: \$25.00