## L18000215888

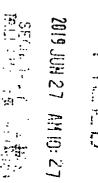
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## **COVER LETTER**

	SA GROUP LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniela Torres		
	NOVACASA GROUP LLO	Name of Person	
	8630 SW 158 PLACE	Firm/Company	
	SUMMERFIELD/FL 3449	Address	<del></del>
	novacasag@gmail.com	City/State and Zip Code	<del></del>
		to be used for future annual report notifi	cation)
	concerning this matter, please ca		
Daniela Torres		954 778-4788 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
MAIL	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVACASA GROUP LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>(1s.</u> )
The Articles of Organization for this Limited Liability Cor Florida document number L18000215888	mpany were filed on 9/11/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		s. enter the name of the na
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	PO.
	<u>итет и опиа мусе! адаге</u>	v,
<del></del>	, FI	orida
	VIII)	PAGE COLC

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>	Name	Address	Type of Action
MGR	Estella Casanova	8630 SE 158 PL	
		SUMMERFIELD, FL 34491	
			Remove
			Change
	Yhosvanni Espino	8630 SE 158 PL	☐ Change
MGR	r nosvarni izsprno	WWW SIN COULD	
<del></del>		SUMMERFIELD, FL 34491	
		Yhosvani Espino should only be	Bemove
		once. Please remove duplicate.	
MGR	Daniela Torres	8630 SE 158 PL	Add.
			Add. 🏂
		SUMMERFIELD, FL 34491	
			Remover.
			Chamas a
			☐ Change
			□ Add
			Remove
			Change
			Remove
			<b>-</b>
			Change
			<b></b> Addi
			Remove
			Change

There should be two final registered managers, Daniela Torres and Yh	hosvanni Espino.
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing:  1 If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.0
iment's effective date on the Department of State's records.	y ming requirements, this take will not be hated
ecord specifies a delayed effective date, but not an effec	tive time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	tive time, at 12.01 a.m. on the earner
. d	

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Filing Fee: \$25.00