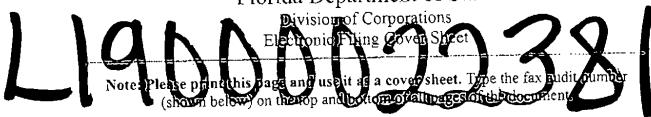
Florida Department of State



(((H22000300777 3)))



H220003007773ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX PLACE

Account Number : I20100000011

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Fax Number

: (954)369-4446

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SACRAMENTO GENERAL SERVICES, LLC

Certificate of Status	1
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## 別22 SEP - | AM A: 5

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### SACRAMENTO GENERAL SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/22/2019 and assigned Florida document number L1900002381.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address:

# AHASSITION STATE

### 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 statues relative to the proper and complete performance of my outres, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled 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 arrianding the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>

MGR= Manager AMBR= Authorizes Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of</u> Action	
MGR	Cristiane Martins Sacramento	10 Falrway Drive # 226 Deerfield Beach, FL 33441	<u>₩</u> A	.dd
AMBR	Cristiane Martins Sacramento	10 Fairway Drive # 226 Deerfield Beach, FL 33441	₽ A	dd

	Page 2 of 3	316
		* 5 3
c.	If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)	<u> </u>
		- 255本
		- 15
		<del></del>
		- <del></del>
D.	Effective date, if other than the date of filling:(Optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more that the date this document is filed by the Florida Department of States)  Dated, 09/01/2022  Paulo Saramunto Junior	n 90 days efter
	Signature of a member or authorized representative of a member	
	Paulo L Sacramento Jr - Authorizad Representativo / Manager	
	Typed or printed name of signce	
	Cristiane Martins Sacramento	
	Signature of a member or authorized representative of a member	
	Cristiane Martins Sacramento - Manager / AMBR	

Types or printed name of signee