## 900

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

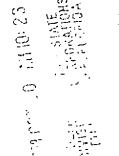
Fax Number : (850)617-6383

From:

Account Name : GS2 LAW PLLC Account Number: I20230000144 Phone : (305)780-5212 : (786)954-3860 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

<b>Email</b>	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SASARO USA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SASARO USA LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Co.	w appears on our records.) impany)	
The Articles of Organization for this Limited I	Liability Company were filed	d on _01/23/2019	and assigned
lorida document number L19000024728			
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability comp	pany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compan	ry," the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)		
			(3) 2
Inter new mailing address, if applicable:			r <u>5</u>
Mailing address MAY BE A POST OFFICE	BOX)		n3
3. If amending the registered agent and/or gent and/or the new registered office address.		n our records, <u>enter the na</u>	ume of the new registe
Name of New Registered Agent:			
New Registered Office Address:	19900 E Country Club Dr		
		inter Florida street address	•••
	Aventura	, Florida	33180
	Cuy		Zip Code

## 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.

/s/Israel Sadovitch

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	Ruth Sadovitch	19900 E Country Club Dr., Apt 820	∐Add
		Aventura, FL 33180	<b>■</b> Remove
			☐ Change
MGR	Israel Sadovitch	19900 E Country Club Dr., Apt 820	≣Add
		Aventura, FI, 33180	□Remove
			∐Change
			🖸 Add
		-	□Remove
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E. Effective date, (If an effective date Note: If the date document's effective	inserted in this	block does not	meet the appli	cable statutor	ng or more than ry filing requi	(option 90 days after fi rements, this o	nal) ling.) Pursuant to late will not be	605.0207 (3)से listed as the
	a delayed effect	ive date, but no	ot an effective	time, at 12:01	a.m. on the	earlier of: (b)	The 90th day	fter the
	7	V8	2023					
Dated	7 /Israel Sadovitel				nlabye of a me	mber		
<u>'</u>			2023		ntative of a me	mber		

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