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COVER LETTER

Registration Section TO: Division of Corporations SARA INVESTMENT GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RAFAEL SALAS Name of Person Firm/Company 1406 LISBON COURT Address 94.034.07 CHAMPIONS GATE, FL 33896 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 692-0599 407 RAFAEL SALAS Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing F

 \$\text{cc.}
 \$ ☐ \$55.00 Filing Fee & ■ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status (additional copy is enclosed) (477 147 Certified Copy (additional copy is enclosed) Street Address:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallähassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARA INVESTMENT GROUP LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)	
ne Articles of Organization for this Limited Liability Company were file	ed on 02/22/2019	and assigned
te Articles of Organization for this Elimited Elimitaly Company	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
orida document numberL19000053098		
Signature and the following:	· · · · · · · · · · · · · · · · · · ·	
nis amendment is submitted to amend the following:	. M. 78	
If amending name, enter the new name of the limited liability con	ipany here:	
, <u> </u>		
ie new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or th	e abbreviation "L.L.C."
te new name must be distinguishable and contain the words.	raginal views	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	years and	
Tincipal office dadiess most be A 611661112	** **	, N
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Mailing address MAY BE A POST OFFICE BOX)	73,711-1	, M.
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3. If amending the registered agent and/or registered office address	on our records, enter the t	iame of the new registers
gent and/or the new registered office address here:	:	
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Name of New Registered Agent:	· · · · <u> </u>	
100 NO		
New Registered Office Address:	6 61 14 11 11 11 11	
	Enter Florida street address	•
	Florida	ı
Cit		Zip Code
	, .	•

New Registered Agent's Signature, if changing Registered Agent;

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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

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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

Titl <u>e</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL SALAS	1406 LISBON COURT.	= Add
		CHAMPIONS GATE, FL 33896	□Remove
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Filing Fee: \$25.00

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