

9/18/2019

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**L19000280247**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

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Account Name : PANELL LAW GROUP, LLC  
 Account Number : 120130000088  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:\*\***

Email Address: eli@wpolaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**SAZI GROUP LLC**

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: SAZI GROUP LLC**

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:

Eli Panell, Esq., CPA, CFP(r), LL.M

Name of Person

Wermuth Panell Ortiz, PLLC

Firm/Company

8750 NW 36 St, Suite 425

Address

Doral, FL 33178

City/State and Zip Code

eli@wpolaw.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli Panell, Esq., CPA, CFP(r), LL.M

305

513-8606

Name of Person

at ( )

Area Code

Daytime 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  
(additional copy is enclosed)☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)**MAILING ADDRESS:**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SAZI GROUP LLC

(Name of the Limited Liability 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 03/13/2019 and assigned  
Florida document number L19000071064

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 contain the words "Limited 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 ADDRESS)

C/O WERMUTH PANELL ORTIZ, PLLC

8750 NW 36 ST, SUITE 425

DORAL, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O WERMUTH PANELL ORTIZ, PLLC

8750 NW 36 ST, SUITE 425

DORAL, FL 33178

**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:

WERMUTH PANELL &amp; ORTIZ, PLLC

New Registered Office Address:

8750 NW 36TH STREET, SUITE 425

*Enter Florida street address*

DORAL

Florida 33178

*City*

*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.*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

*W. E. Glad*

Typed or printed name of signee