19000142969

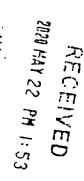
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600344685996

2020 MAY 22 AM 94 16
SECRE TARY OF STATE,
ALLIAHASSI F THE STATE,



Y SULKER MAY 2 6 2020 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

There. 330 330 4300
ACCOUNT NO. : 12000000195
REFERENCE : 3.00733 4346691
AUTHORIZATION CAPUBOLETICA
COST LIMIT : \$ 60.00
ORDER DATE : May 21, 2020
ORDER TIME : 9:53 AM
ORDER NO. : 300733-005
CUSTOMER NO: 4346691
DOMESTIC AMENDMENT FILING
NAME: HAEM II LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson EXT# 62980

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co			
HAEM II I SUBJECT:	.I.C		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Benjamin Miller		
		Name of Person	
	George D. Perlman, P.A.		
		Firm/Company	
	1441 Brickell Ave, Suite 1	400	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	ben@gplawintl.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	ation)
Benjamin Miller		305 374-5646	
Name c	of Person	at () Area Code Daytime T	Celephone 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)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Secti Division of Corpo	
P.O. Box 632	•	The Centre of Tal	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAEM II LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record- nited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on May 29, 2019	and assigned
Florida document number L10000142060		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Saturn V Advisory LLC		
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:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	N/A fice address on our records, enter t	SECRE INAL 22 IN STORE THE name of the flew registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	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

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>	Type of Action
MGR	George D Perlman	1441 Brickell Ave, Suite 1400 Miami, FL 33131	□Add
			Remove
			□ Change
MGR Hanoj Perez	Hanoj Perez	1441 Brickell Ave, Suite 1400 Miami, FL 33131	= Add
			□Remove
			□Change
			🗀 Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
-	
-	
_	
_	
_	
_	
-	
-	
-	
_	
Note:	dective date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 19, 2020
	Signature of a nember or authorized representative of a member
	Hanoj Perez
	Typed or printed name of signee

Filing Fee: \$25.00