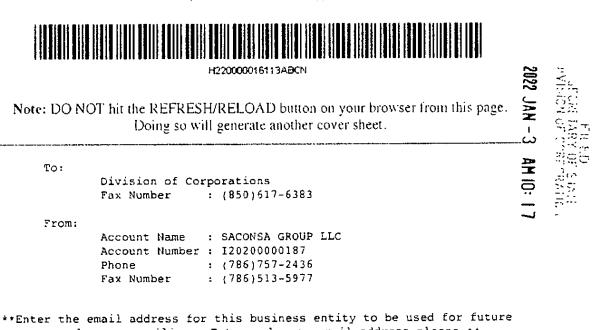
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Division of Corporations Electronic Filing Cover Sheet

**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.

(((H220000016113)))



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

Smail Address:

72 JAN -3 PM 1: 21

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROTECA LLC

Certificate of Status	0
Certified Copy	0
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A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Registration Section

TO:

H220000016113

## **COVER LETTER**

Name of Limited Liability Company					
Amendment and fee(s) are sub-	mitted for filing.				
ndence concerning this matter	to the following:				
JESUS LEON					
Name of Person					
SACONSA GROUP LLC					
Firm/Company					
3625 NW 82 Avenue Suite 100-K					
<u></u>	Address				
DORAL, FL 33166					
City/State and Zip Code					
JESUSLEONTERAN@G	MAIL.COM				
E-mul address: (	to be used for future annual report noti	fication)			
oncerning this matter, please ca	1]]				
	786 7572436				
Name of Person		e Telephone Number			
he following amount:					
□ \$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		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			
	Amendment and fee(s) are substandence concerning this matter  JESUS LEON  SACONSA GROUP LLO  3625 NW 82 Avenue Standence Stand	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  JESUS LEON  Name of Person  SACONSA GROUP LLC  Firm/Company  3625 NW 82 Avenue Suite 100-K  Address  DORAL, FL 33166  City/State and Zip Code  JESUSLEONTERAN@GMAIL.COM  E-neal address: (to be used for future annual report not roncerning this matter, please call  at (1/Area Code)  Daytim  the following amount:  \$\int \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  ING ADDRESS:  ration Section  on of Corporations  ox 6327  STREET/COURI  Registration Section  Division of Corporations  OX 6327			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220000016113

ROTECALLC	
( <u>Name of the Limited Liability</u> (A Flonda	v Company as It now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/17/2019 and as med 5
Florida document numberL19000235172	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
This amendment is submitted to amend the following:	ted liability company here:
A. If amending name, enter the new name of the limit	ted liability company bere:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	PESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist	tered office address on our records, enter the name of the ne
registered agent and/or the new registered office addr	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
·	City Zip Code
New Registered Agent's Signature, if changing Registered	J Agent:
Thereby accept the appointment as registered agent of	and agree to act in this capacity. I further agree to comply with th

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

## H220000016113

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LEON, JESUS G	3625 NW 82 AVE	
		SUITE 100 K	■ Remove
		DORAL, FL 33166	
MGRM Martinez, Luisa B	Martinez, Luisa B	3625 NW 82 AVE	Add
	SUITE 100 K	☐ Remove	
	DORAL, Ft. 33166	□ Change	
		Add	
		Remove	
		☐ Change	
		Add	
		□ Remove	
		Change	
		Add	
		☐ Remove	
			Change
		Remove	
			Change

Page 3 of 3

Typed or printed name of signee

a language of a member of authorized representative of a member

JESUSG LEON

Filing Fee: \$25.00