L19 000 238553

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only 5. C.

08/09/24



300370290943

U7/23/21--01014--010 ★★60.00

(0)

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| AA SALAS | LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspon | ndence concerning this matter t | o the following: | |
| | JULIO SALAS | | |
| | | Name of Person | |
| | AA SALAS LLC | | |
| • | | Firm/Company | |
| | 1756 N BAYSHORE DR. | APT 26C | |
| | | Address | |
| | MIAMI, FL, 33132 | | |
| | | City/State and Zip Code | |
| | gerencia@vectorblindados.c | to be used for future annual report notifical | tion) |
| For further information of | oncerning this matter, please c | all: | |
| JULIO SALAS | | 786 5890118 | () |
| Name o | of Person | Area Code Daytime To | elephone Number |
| | | | <u>.</u> |
| Enclosed is a check for t | he following amount: | | 7 400 00 FW P |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy (Senclosed) |
| <u>Mailing Addre</u> | SS: | Street Address: | |
| Registration | Section | Registration Secti Division of Corpo | |
| Division of G P.O. Box 63 | | The Centre of Tal | llahassee |
| Tallahassec. | | 2415 N. Monroe S Tallahassee, FL 3 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Additing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | ce address on our records, enter the na Enter Florida street address , Florida | ame of the | new regis |
|---|---|-----------------|-----------|
| If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: | | \(\frac{1}{2}\) | |
| If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: | | | |
| If amending the registered agent and/or registered officent and/or the new registered office address here: | ce address on our records, <u>enter the na</u> | · 5 | |
| If amending the registered agent and/or registered officent and/or the new registered office address here: | ce address on our records, enter the na | · 3 | |
| If amending the registered agent and/or registered office | ce address on our records, <u>enter the na</u> | | |
| If amending the registered agent and/or registered office | ce address on our records, enter the na | me of the | |
| | ce address on our records, enter the na | me of the | |
| <u> 1ailing address MAY BE A POST OFFICE BOX)</u> | | | () |
| <u> Mailing address MAY BE A POST OFFICE BOX)</u> | | | |
| (ailing address MAY BE A POST OFFICE BOX) | · | | |
| • | | | |
| nter new mailing address, if applicable: | | | |
| | | | |
| rincipal office address MUST BE A STREET ADDRESS | | | |
| | | | |
| nter new principal offices address, if applicable: | | | |
| e new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the | abbreviation | "IL.C." |
| It amending hame, enter the new hame of the mines is | and the company mere. | | |
| If amending name, enter the new name of the limited li | ability company here: | | |
| his amendment is submitted to amend the following: | | | |
| orida document number L19000238553 | | | |
| | my were filed on 09/20/2019 | and | assigned |
| | | | |
| ne Articles of Organization for this Limited Liability Compa | npany as it now appears on our records.) ed Liability Company) | | |

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 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 | DANIEL SALAS | 10838 SW 242 ST HOMESTEAD FL, 33032 | 🗆 Add |
| | | | ■Remove |
| | | | □Change |
| MGR | JULIO SALAS | 1756 N BAYSHORE DR. APT 26C | 🗆 Add |
| | | MIAMI FL 33132 | □Remove |
| | | | ≘ Change |
| | | | □Add |
| | | | □Remove |
| | | | : ☐Change |
| | | | □ Add - □ Remove |
| | | | ~ □Remove |
| | | | 🗆 Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| | <u>.</u> | | |
|---|---|--|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| . Effective date, if other than | the date of filing: | date of filing or more than 90 days after filing.) Pursuant to 605 le statutory filing requirements, this date will not be liste | .0207 (|
| Note: If the date inserted in 101 | must be specific and cannot be prior to s block does not meet the applicab- ie Department of State's records. | le statutory filing requirements, this date will not be liste | ed as t |
| | oo at a | and 12(01 a.m. on the earlier of (b). The 90th day after | r the |
| the record specifies a delayed effectord is filed. | ective date, but not an effective tim | e, at 12:01 a.m. on the earlier of: (b) The 90th day after | |
| Dated | 2021 | | |
|) i | 430 | | |
| | | | |