<page-header></page-header>	To: AMENDMENT	Page: 2 of 8	2023-11-08 13:14:13 GMT	17865135977	From: JESUS LEON
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Help

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COVER LETTER

TO: Registration Section

Division of Corporations

OLGUISTICA 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:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Finn/Company

3625 NW 82 Avenue Suite 100-K

Address

DORAL, FL 33166

City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

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

For further information concerning this matter, please call:

JESUS LEON 786 7572436 ______at (_____) _____Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 Esecutive Center Circle Tallahassee, FL 32301

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From: JESUS LEON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLGUISTICA 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 <u>10/18/2019</u> and assigned Florida document number <u>L19000260421</u>

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 "LLC."

Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	
	 <u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	 3
	 ·

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	MI TAX TEAM LLC		
New Registered Office Address:	7950NW 53RDSTREETSUITE 337		
	Enter Florida street address		
	MIAMI	, Florida ³³¹⁶⁶	
	Ciry	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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = N $AMBR = A$	lanager authorized Member		H230003701503
<u>Title</u>	Name	Address	Type of Action
AMBR	Varela Pernia, Olga C	5961 CATESBY ST	🖬 Add
		BOCA RATON, FL 33433-7271	C Remove
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D. If amending any other information, enter change(s) here: (Anoth odditional sheets, if heressury.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cay after the record is filed.

Dated	OCTOBER 17	2023	
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