

6/3/24 1:29 PM

Division of Corporations

H240001952053

L19000214167

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000195205 3))



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

From: Account Name : MORISON TAX TEAM LLC
Account Number : I20200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FERROFUSION LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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M. SOLOMON

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

H240001952053

TO: Registration Section
Division of Corporations

SUBJECT: FERROFUSION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence 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-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON

786

7572436

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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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240001952053

FERROFUSION 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 11/04/2019 and assigned Florida document number L19000274167

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

New Registered Office Address

Enter Florida street address

City, Florida 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:

H240001952053

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---------------------|--|
| AMBR | ELEXGARAY, PABLO | 10219 NW 72 TERRACE | <input type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ELEXGARAY, NEREA | 10219 NW 72 TERRACE | <input type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ELEXGARAY LOPEZ, UNAI | 10219 NW 72 TERRACE | <input checked="" type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LOPEZ Montilla, DEYALIT S | 10219 NW 72 TERRACE | <input checked="" type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <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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Lined area for amending information with multiple horizontal lines.

SECRETARY OF STATE
1001 MASSACHUSETTS AVENUE
HARTFORD, CONNECTICUT 06103

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F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 day after the record is filed.

Dated JUNE 02 2024

Signature of a member or authorized representative of a member

PABLO ELEXGARAY

Typed or printed name of signer