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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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то:	Registration Se Division of Cor	ection porations			-	
SUBJEC	STILOGR	ESLLC		• 50	***	
SOBJEC		Name of Lin	nited Liability Company		_	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		JESUS LEON				
			Name of Person			
		SACONSA GROUP LL	С			
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 noti	fication)	•	
For furthe	er information co	oncerning this matter, please co	all:			
JESUS			786 7572436			
	Name of	Person	Area Code Daytim	e Telephone Numb	per	
Enclosed	is a check for th	e following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nat 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STILOGRESTIC		1 -1:	<u> </u>
(<u>Name of the Limited Liabili</u> (A Florid	ty Company as it now app a Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability C			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	RESS)		
			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>			
3. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address of tess here:	on our records,	enter the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Flori	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CTIL OODECLI O

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	Castro Hector A	425 NE 22ND ST APT 2503 5: C2	■ Add
		MIAMI, FL 33137-5148	Remove
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Effective date, if other than the date (If an effective date is listed, the date must be a Note: If the date inserted in this block a document's effective date on the Depart	specific and cannot be prior to date or does not meet the applicable states	(opt f filing or more than 90 days afte utory filing requirements, th	r filing.) Pursuant to 605,0207 (3)
the record specifies a delayed eff) The 90th day after the record	ective date, but not an ef is filed.	fective time, at 12:01	a.m. on the earlier of:
Dated	2020		
7	Adelkarle Fature of a member or authorized rep	resentative of a member	
SANCHEZ, ABDELKARD			
	Typed or printed name of	of signee	

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Filing Fee: \$25.00