

29 2021  
**L19000294557**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
 H210003283443

**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.

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H210003283443ABC.

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

From: Account Name : SACONSA GROUP 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  
 LIBREPAGO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 SEP -2 PM 2:00

SECURITY STATE  
 FALL WASSER, FLORIDA

SECURITY STATE  
 FALL WASSER, FLORIDA

2021 SEP -2 PM 5:53

FILED

Electronic Filing Menu Corporate Filing Menu

Help

BB  
 9/3/21

**COVER LETTER**

H210003283443

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIBREPAGO LLC  
Name of Limited Liability Company

2021 SEP -2 PM 5:53  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32301

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  
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 at ( 786 ) 7572436  
Name of Person 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  
2561 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H210003283443

LIBREPAGO 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 12/02/2019 and assigned Florida document number L19000294557.

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 "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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

\_\_\_\_\_ Florida \_\_\_\_\_

*City*

*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:**

**MGR = Manager**  
**AMBR = Authorized Member**

**H210003283443**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Vasconcelos Silvio H	2332 GALLIANO STREET	<input type="checkbox"/> Add
		2ND FLOOR	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGRM	Rojas Baudy Karen	2332 GALLIANO STREET	<input checked="" type="checkbox"/> Add
		2ND FLOOR	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGRM	Canzanese Velazquez Johan D	2332 GALLIANO STREET	<input type="checkbox"/> Add
		2ND FLOOR	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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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2021 SEP -2 PM 5:53  
 H. LEON  
 RAFAEL J. LEON  
 STATE OF FLORIDA

E. 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 605.02(7) (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 September 2, 2021

Signature of a member or authorized representative of a member

JOHND CANZANESE

Typed or printed name of signer