120000022529

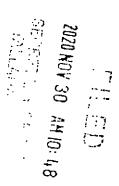
(Requestor's Name)
(Address)
(Address)
(0) (0) (7) (10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Configuration Configuration of Configuration
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



800355572738

11/38/20--01007--005 **25.90



JA.

COVER LETTER

TO: Registration Solution of Co					
Sasolburg					
SUBJECT: Name of Limited Liability Company					
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Ignacio Paz				
		Name of Person			
	Sasolburg LLC				
	<u></u>	Firm/Company	 		
	1895 SW 2nd Ave				
		Address			
	Miami. FL 33129				
		City/State and Zip Code			
	ignaciopazagent@gmail.co				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no	ottication)		
	concerning uns matter, piease e				
Ignacio Paz		305 910-9404 at ()	me Telephone Number		
Name (of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	aatian		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sasolburg LLC

The Articles of Organization for this Limited Liability Company were filed on 01/15/2020 and assigned Florida document number L20000022529 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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)	
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)	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (5) (5) (7) (7) (7) (8) (7) (7) (8) (7) (8) (9) (9) (10)	_
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	_
(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:	<u>tered</u>
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	
, Florida	
·	
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 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jean Castro	1895 SW 2nd Ave	= Add
		Miami, FL 33129	□Remove
		USA	
			⊡Remove
			
<u>-</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

. If amending any other informati	on, enter change(s) here:	(Attach additional sh	vets, if necessary.)	
				_
	 .			<u> </u>
		•		
 -	-			
			- -	_
	and the same of th			
	-			
			· <u> </u>	
<u> </u>				
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applical	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605.0207 (3) Elisted as the
the record specifies a delayed effective cord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
Dated September 18th	. 2020	_·		
-				
	ignapare of a member or author	ized representative of a me	mber	-
Ignacio Paz				
	Typed or printed	I name of signee		_

Filing Fee: \$25.00