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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	To: Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : US TAX CONSULTING INC Account Number : I20160000000 Phone : (407)674-8969 Fax Number : (407)674-8970	
R. WHITE 827 13 143	<pre>**Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.* Email Address:</pre>	
-L 4:32	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SACLEB LLC	V (S
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SACLEB LLC



The Articles of Organization for this Florida Limited Liability Company were filed on <u>01/22/2020</u> and assigned Florida document number: L20000028060

EIN Number: 35-2681905

Article I

 readicing name, enter the new name of the number frauntly company nere:					

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

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)

Article IV

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:

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 camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the abligations of my pasition 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

M

Title

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

1100	Wallie	Address	Type of Action
AM8R	ALVES DE PINHO, ROZA AMELIA	4524 MALIBU ST	REMOVE [
		ORLANDO, FL 32811	ADD
C. If and	ending any other information, enter	change(s) here: (Attach addition	ial sheets, if necessary 1

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: SEPTOMBER 10th JOSO

Signature of a member or authorized representative of a member

SANDRO LUIZ CUNHA

Typed or printed name of signee