

L20000050162
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000213376 3))



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

From: Account Name : TAXLEAF.COM INC
Account Number : 120113360964
Phone : (850) 541-7980
Fax Number : (736) 713-1940

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SANI INVEST USA, LLC

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SANI INVEST USA, 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 02/12/2020 and assigned
Florida document number L20000050162.

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)

1549 NE 123RD ST

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1549 NE 123RD ST

NORTH MIAMI, FL 33161

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:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

City

Florida 33161

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

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TALLAHASSEE, FLORIDA

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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>	<u>Type of Action</u>
MGR	APA, LUIS E	2250 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARENA, OSVALDO J	1549 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	URIA, CLAUDIA A	1549 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated MAY 27TH, 2021

Signature of a member or authorized representative of a member

FLOR MEDINA

Typed or printed name of signee

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