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(((H21000321160 3)))



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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

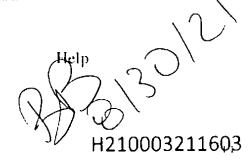
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 😅

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARTRICA GROUP LLC

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## COVEŔ LETTER

H210003211603

TO: Registration So Division of Cor			•
	GROUPLLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	JESUS LEON		
		Name of Person	
	SACONSA GROUP LLO		
		Firm/Company	<del></del>
	3625 NW 82 Avenue St	uite 100-K	
		Address	
	DORAL, FL 33166		
	JESUSLEONTERAN@G	City/State and Zip Code MAIL.COM	
	<del>-</del>	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	1	
JESUS LEON		786 75 <b>7243</b> 6	
Name (	of Person	Area Code Daytime	Telephone Number
linelosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Jox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2561 Executive Cen Tallahassee, FL 323	trans

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210003211603

ARTRICA GROUP LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now app ability Compan	pears on our records.) sy)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000059333</u>	vere filed on	02/21/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," I	he designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del>_</del>	<del> </del>
B. If amending the registered agent and/or registered office address here:	ice address :	on our records, e	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	<del></del>
		, Florid	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pobeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for :	e of my duties, and I in Chapter 605, F.S	am familiar with and . Or, if this document is

Page 1 of 3

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	

-18506176383

H210003211603

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	VIELMA, MERY C	6098 NW REGENT ST	
		PORT SAINT LUCIE, FL 34983	■ Remove
			☐ Change
MGRM	Cruz Palacios,Cruz Armando	6098 NW REGENT ST	Add
		PORT SAINT LUCIE, FL 34983	☐ Remove
			☐ Change
	<del></del>		Add
			Remove
			Change
			🗆 Add
			☐ Remove
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record specifies a delayed one 90th day after the record	effective date, but d is filed.	not an effective	time, at 12:0	1 a.m. on the	earlier of:
AUGUST 25	2021				
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	tendure of a member or .	authorized representati	se of a member		

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