KZO 000 128329

(Requestor's Name)	
(Address)	800356803078
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/23/2001010020 **25.00
(Business Entity Name)	72. 25. 25
(Document Number)	2020
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COVER LETTER

		tration Secti ion of Corpo					
CUD IEC		CREDISER	VICESLLC				
SUBJEC	-l; _		Name of Limi	ted Liability Company			
The encl	osed .	Articles of Ar	mendment and fee(s) are subi	nitted for filing.			
Please re	turn a	ill correspond	lence concerning this matter t	to the following:			
			JESUS LEON				
				Name of Person			
			SACONSA GROUP LLC	:			
				Firm/Company			
			3625 NW 82 Avenue St	lite 100-K			
				Address			
			DORAL, FL 33166				
			City/State and Zip Code				
			JESUSLEONTERAN@G		·		
			E-mail address: (t	o be used for future annual repor	t notification)		
For furth	er inf	ormation con	cerning this matter, please ca	ill:			
JESUS	LEC	N		786 75724; at ()	36		
		Name of P	erson	Area Code D	aytime Telephone Number		
Enclosed	l is a c	check for the	following amount:				
\$25.6	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ty Company as it now apr	cars on our records.)	<u> </u>
(A Florida	a Limited Liability Compan	у)	
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	05/12/2020	and assigned
Florida document number	_ .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," th	ne designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			202
(Principal office address MUST BE A STREET ADDR	RESS)		0 Di
			<u> </u>
			0
			P M
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BOX)			
			7
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, en	iter the name of th
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:

COEDICEDVICESTIC

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

.. amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	LUIS A ESPARRAGOZA	6619 NW 84TH AV	
		MIAMI, FL 33166	■ Remove
			☐ Change
MGRM	HINDOYAN YOSELE	6619 NW 84TH AVE	■ Add
		MIAMI, FL 33166	Remove
			Change 2000 DE Add 28
			Remave
			: ::::::::::::::::::::::::::::::::::::
			Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			Change
-			□ Add
			□ Remove
			Change

	
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Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory file.	r more than 90 days after filing.) Pursuant to 605.020
ocument's effective date on the Department of State's records.	ing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier o
SEPTEMBER, 15 2020	
Munit.	
1, 1, 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00