L20 000 165763

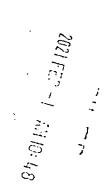
(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

ro:	Registration Sec Division of Corp		e e e e e e e e e e e e e e e e e e e	* •			
		NTVIK LLC					
SUBJI	SUBJECT: Name of Limited Liability Company						
The er	sclosed Articles of /	Amendment and fee(s) are subn	nitted for filing.				
Please	return all correspor	ndence concerning this matter t	o the following:				
		JESUS LEON					
			Name of Person				
		SACONSA GROUP LLC					
			Firm/Company				
		3625 NW 82 Avenue Su	iite 100-K	·			
			Address				
		DORAL, FL 33166					
			City/State and Zip Code				
		JESUSLEONTERAN@G		t. national			
			o he used for future annual report noti	HC (BAOM)			
For fu	irther information co	oncerning this matter, please ca	111:				
JESU	JS LEON		786 7572436 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclo	sed is a check for th	ne following amount:					
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sot.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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 Liability Con	npany as it now appears on our records.) red Liability Company)	
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000165763</u> .	my were filed on <u>06/16/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	1	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	20
	, Florida_	Zip Gode
	City	Zip _t Gpac }
New Registered Agent's Signature, if changing Registered Age	nt:	<u> </u>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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

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>	Address	Type of Action
MGRM	MARIA L PERDOMO	231 BURNING TREE DR	
		KISSIMMEE, FL 34743	■ Remove
			Change
MGRM	LUIS R PERDOMO	231 BURNING TREE DR	■ Add
		KISSIMMEE, FL 34743	
			☐ Change
			Add
			☐ Remove
			□ Change
		-	Add
			Remove
			🗆 Change
			□ Add
			□ Remove
			Change
		···	☐ Remove
			□ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: (it'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 605,020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	7 (3)(t s the
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of (b). The 90th day after the record is filled.	of:
DECEMBER 16 2020 Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
\sim	
LUIS R PERDOMO Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00