

6/20/22, 4:12 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L20000218757

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : 120140000084

Phone : (305)541-3980

Fax Number : (786)713-1940

****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
SAT INVESTMENT USA LLC**

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JUN 21 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAT INVESTMENT 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 07/24/2020 and assigned
Florida document number L20000218757.

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**)

12651 SOUTH DIXIE HIGHWAY SUITE 309

PINECREST, FL. 33156

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

12651 SOUTH DIXIE HIGHWAY SUITE 309

PINECREST, FL. 33156

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:

SZEWCZUK, ARIANA S

New Registered Office Address:

13120 SW 82ND AVE

Enter Florida street address

PINECREST

Florida

City

33156

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SZEWCZUK, ARIANA S	13120 SW 82ND AVE	<input checked="" type="checkbox"/> Add
		PINECREST, FL. 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ROCCO, LEONARDO E	13120 SW 82ND AVE	<input type="checkbox"/> Add
		PINECREST, FL. 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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