Page: 2 of 8

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Division of Corporations



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To:		
	Division of Com	porations
	Fax Number	: (850)617-6383
From:		
	Account Name	: SACONSA GROUP LLC
	Account Number	: 120200000187
	Phone	: (786)757-2436
	Fax Number	: (786)513-5977
nter the e	email address for	this business entity to be used for
annual	report mailings.	Enter only one email address please
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P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER H220003251823 TO: **Registration Section** Division of Corporations MACEL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JESUS LEON Name of Person SACONSA GROUP LLC Firm Company 3625 NW 82 Avenue Suite 100-K Address DORAL, FL 33166 City/State and Zip Code JESUSLEONTERAN@GMAIL.COM E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call 7572436 JESUS LEON 786 at (_____ Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & S60.00 Filing Fee, \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations

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

17865135977

H220003251823

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACEL 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 <u>11/30/2020</u> and assigned Florida document number <u>L20000373307</u>.

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 "LLC."

Enter new principal offices address, if applicable:	<u>_</u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

New Registered Office Address:	Enter Florida street o	oddress
	City	_, Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

MGR = M AMBR = A	fanager Authorized Memb e r		H220003251823
<u>Title</u>	Name	Address	Type of Action
MBR		3625 NW 82 AV18	🖸 Add
		SUITE 100 K	Remove
		DORAL, FL 33166	Change
MGRM	CARDENAS, CESAR A	3625 NW 82 AVE	Ad3
		SUITE IOU K	Remove
		DORAL, FL 33166	Change
	. <u></u>		🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ve date, if other than the date of filing:	(optional)

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 filed.

	LUNG S	
Signatur	e of a member or authorized representative of a member	
CARDENAS, CESAR A		

Page 3 of 3 Filing Fee: \$25.00

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The Lot