

28 9 22, 21:52

**L20003352183**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H220003352183

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(((H220003352183)))



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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : SACONSA GROUP LLC  
Account Number : 120200000187  
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: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 SEP 29 AM 8:52

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

## LAS TIAS S40 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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J DENNIS  
SEP 30 2022

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**COVER LETTER****H220003352183****TO: Registration Section  
Division of Corporations****SUBJECT: LAS TIAS S40 LLC**

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

JESUS LEON

786 7572436  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &  
Certificate of Status☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)**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**H220003352183**



**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**

**H220003352183**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	CARRERA,EVA SENAIR	3625 NW 82ND AVE	<input type="checkbox"/> Add
		SUITE 100 K	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input checked="" type="checkbox"/> Change
MGRM	ROJAS,LILIA	3625 NW 82ND AVE	<input type="checkbox"/> Add
		SUITE 100 K	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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