To: AMENDMENT

28 9 22, 21.52



Florida Department of State Division of Corporations

H220003352183

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(((H220003352183)))



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|                   | To :  | Division of Co<br>Fax Number                    | rporations<br>: (850)617-638                       | 3                  |                           |                        |
|-------------------|---|---|--|--------------------|---------------------------|------------------------|
|                   | From:<br>**Enter the e<br>annual<br>Email A | Phone   | : 120200000187<br>: (786)757-243<br>: (785)513-597 | 6<br>7             | used for fut<br>please.** | SECRETARY OF STATE     |
| 2022 St 25 34 11: |   | AMND/RESTA                                      | AS TIAS S40 I                                      | T OR M/MG R        | esign                     |                        |
| 16                |   | Certified Copy<br>Page Count<br>Estimated Charg | <u>رد</u>  | 0<br>01<br>\$25.00 |                           | Ellins,                |
|                   | Electronic Fil                              | ing Menu C                                      | orporate Filing M                                  | fenu               | Help                      | JDENINIS<br>SEP 30 MIL |

| MENDMENT                          | Page: 5 of 8   | 2022-09-29 02:04:37 GMT  | 17865135977         | grom, JESUS LEON |  |  |
|-----------------------------------|--|--|---------------------|------------------|--|--|
|                                   |  | COVER LETTER   |                     | 000000100        |  |  |
| TO: Registration<br>Division of C | ection   |  |                     | 003352183        |  |  |
| LAS TH                            | AS S40 LLC   |  |                     |                  |  |  |
| SUBJECT:                          |  | mited Liability Company  | <u></u>             |                  |  |  |
| The enclosed Articles             | of Amendment and fee(s) are su                             | punitted for filing.   |                     |                  |  |  |
| Please return all corres          | pondence concerning this matte                             | er to the following:   |                     |                  |  |  |
|                                   | JESUS LEON   |  |                     |                  |  |  |
|                                   |  | Name of Person   |                     |                  |  |  |
|                                   | SACONSA GROUP L  | LC   |                     |                  |  |  |
|                                   |  | Firm/Company   |                     |                  |  |  |
|                                   | 3625 NW 82 Avenue  | Suite 100-K  |                     |                  |  |  |
|                                   |  | Address  |                     |                  |  |  |
|                                   | DORAL. FL 33166  |  |                     | _                |  |  |
|                                   |  | City/State and Zip Code  |                     |                  |  |  |
|                                   | JESUSLEONTERAN@<br>E-mail address                          | GMAIL.COM  | ification)          |                  |  |  |
| For further informatio            | n concerning this matter, please                           |  |                     |                  |  |  |
| JESUS LEON                        |  | 786 7572436  |                     |                  |  |  |
| Narr                              | ne of Person   | at ()<br>Area Code Daytin  | ae Telephone Number | r                |  |  |
|                                   |  |  |                     |                  |  |  |
|                                   | or the following amount:                                   |  |                     | Line Fee         |  |  |
| ■ \$25.00 Filing Fee              | □ \$30 00 Filing Fee &<br>Certificate of Status            | S55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)         | Certified           | ite of Status &  |  |  |
|                                   | HING ANNESS  | STREET/COUR  | IFR ADDRESS.        |                  |  |  |
| Reg                               | ILING ADDRESS:<br>sistration Section                       | Registration Secti   | on                  |                  |  |  |
| P.0                               | tsion of Corporations<br>), Box 6327<br>lahassee, FL 32314 | Division of Corps<br>Clifton Building<br>2661 Executive C<br>Tallahassee, FU 3 | lenter Circle       |                  |  |  |

H220003352183

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION H220003352183 OF

| LAS TIAS S40 LLC   |  |                        |
|--|--|------------------------|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | y as it now appears on our records.)<br>ability Company) |                        |
| The Articles of Organization for this Limited Liability Company w<br>Florida document number   | vere filed on  | and assigned           |
| This amendment is submitted to amend the following:  |  |                        |
| A. If amending name, <u>enter the new name of the limited liabil</u><br>The new name must be distinguishable and contain the words "Limited Liabilit |  | abbreviation **L L.C.* |
| Enter new principal offices address, if applicable:  |  |                        |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                        |
|  |  |                        |
| Enter new mailing address, if applicable:  |  |                        |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                        |
|  |  |                        |

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:

| Name of New Registered Agent:  |                        |                       |
|--------------------------------|------------------------|-----------------------|
| New Registered Office Address: | Enter Fhnida street oa | ldress                |
|                                | City                   | , Florida<br>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. Thereby 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

| MGR = M $AMBR = A$ | lanager<br>.uthorized Member |                  | H220003352183  |
|--------------------|------------------------------|------------------|----------------|
| Title              | Name                         | Address          | Type of Action |
| MBR                | CARRERA.EVASENAIR            | 3625 NW 82ND AVE | 🛛 Add          |
|                    |                              | SUITE 100 K      | Remove         |
|                    |                              | DORAL, FL 33166  | Change         |
| MGRM               | ROJAS,LILIA                  | 3625 NW 82ND AVE | Add            |
|                    |                              | SUITE 100 K      | Remove         |
|                    |                              | DORAL, FL 33166  | Change         |
|                    |                              |                  | O Add          |
|                    |                              | <u> </u>         | Remove         |
|                    |                              |                  | Change         |
|                    |                              |                  | 🗆 Add          |
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|                    |                              |                  | Add            |
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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, 20003352183

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| Effective date, if other than the date<br>If an effective date is listed, the date must b<br><u>Note:</u> If the date inserted in this bloc<br>document's effective date on the Dep | be specific and cannot be prior to date of hing or more than 30 days after (hing.) Pursuant to 902.0,<br>ck does not meet the applicable statutory filing requirements, this date will not be listed | 207 (3)(<br>us the |
| ne record specifies a delayed e<br>The 90th day after the recor   | effective date, but not an effective time, at 12:01 a.m. on the earlier rc is filed.   | of:                |
| SEPTEMBER26   | 2022   |                    |
|   | - Anaucea  |                    |
|   | lignature of a member or autionzed representative of n-member  |                    |
| EVASENAIR CARRER  | ۲A   |                    |
|   | Typed or printed name of signee  |                    |

Page 3 of 3 Filing Fee: \$25.00