LZI000030656	
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	300377928573 Amad
PICK-UP WAIT MAIL	12/14/21-+01012++014 ++25.93
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED SECRETARY OF STATE FALL AHASSED FLOOP
Office Use Only	A. RAMSEY DEC 27 2021

COVER LETTER

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TO: Registration Section Division of Corporations

Saturno Holdings 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:

Marco A Lopez

Name of Person

US-LATAM Tax Group LLC

Firm/Company

16815 Von Karman Ave. Ste 190

Address

Irvine CA 92606

City/State and Zip Code

mlopez@us-latamtaxgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

 \$\$25.00 Filing Fee
 \$\$30.00 Filing Fee &
 \$\$55.00 Filing Fee &
 \$\$60.00 Filing Fee,

 Certificate of Status
 Certified Copy
 Certified of Status &
 Certified Copy

 (additional copy is enclosed)
 Certified Copy
 Certified Copy

 (additional copy is enclosed)
 Certified Copy
 Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	0.		2021 DEC 14 PM 12 09
SATURNO HOLDINGS LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited Li	<u>y as it now appears on a</u> ability Company }	DECHETARY OF STOTE
The Articles of Organization for this Limited I	Liability Company w	vere filed on <u>01/13/20</u>	21 and assigned
Florida document number 1221000030656			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designa	tion "LLC" or the abbreviation "L L C "
Enter new principal offices address, if appli	icable:	90 NW 39 th	Street, Miami FL 33127
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		90 NW 39th Str	eet, Miami FL 33127
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	<u> </u>	
			·····
B. If amending the registered agent and/or agent and/or the new registered office addr		idress on our record	is, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	eResidentAgenti	Inc	
New Registered Office Address	801 US Highway		
		Enter Florida str	
	North Palm Beac		Florida 33-408 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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

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
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Title	Name	Address	Type of Action
AMBR	NICK RIVERA CAMINERO	90 NW 39th St	🗏 Add
		MIAMI, FL 33127	
			Change
			🖸 Add
	,	🗆 Remove	
		🗆 Change	
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		·	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effectiv If an effect <u>Note:</u> I document	re date, if other than the date ctive date is listed, the date must be sp f the date inserted in this block do nt's effective date on the Departn	of filing:(optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (bes not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
e record rd is file		, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	December 8th	, 2021
		ture of a member or authorized representative of a member
	Signa	ture of a member or authorized representative of a member
	GENESIS A CASTELLANO	S