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COVER LETTER

TO:

	ation Secti n of Corpo				
	BIO OFFIC				
SUBJECT:		Name of Lim	ted Liability Company	<u> </u>	
The enclosed Ari	ticles of An	nendment and fee(s) are sub	mitted for filing		
			-		
riease return an	correspond	ence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company		
17350 STATE HWY 249			STE 220		
		*	Address		
		HOUSTON, TX 77064			
			City/State and Zip Code	T -:	
	-	EFILE1234@INCFILE.CO E-mail address: (1)	M to be used for future annual report notifi-	cation)	
For further infor	mation cond	cerning this matter, please co		,	
LOVETTE DOE	BSON		888 462-3453		
	Name of Pe	erson	at ()	Telephone Number	
Enclosed is a che	eck for the f	following amount:			Z15.
■ \$25.00 Filin	g 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)	O
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Regist	Address: ration Secon of Cor	ction porations	Street Address: Registration Sect Division of Corp		
P.O. B	30x 6327	-	The Centre of Ta	ıllahassee	
Tallah	assee, FL	32314	2415 N. Monroe Tallahassee, FL.	Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SABIO OFFICIAL LLC

(Name of the Limited Li (A Fl	ability Company as it now appears of orida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabili Florida document number 1.21000212835	ity Company were filed on 05/06/	2021	_ and assigned
This amendment is submitted to amend the following	g:		
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 desig	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our reco	ords, enter the name o	
Name of New Registered Agent:			
			(5)
New Registered Office Address:	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my ed agent as provided for in Cha stered office address, I hereby o	eduties, and Lam fan. upter 605, F.S. Or, if i	niliar with and This document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pedro Sabio	3901 Nw 79th Ave. Ste 245 #3986	= Add
		Miami, FL 33166	□ Remove
			□Change
			□Add
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	Jeffrey Sabio				
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