7/24/23, 9:57 AM

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : I20070000099 Phone : (954)478-2706 : (954)934-8334 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICTORIA LISS LLC

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JUL 2 4 2023

K. Brumbley

ARTICLES OF AMENDMENT

AR	TICLES OF C	ORGANIZATION , OF					
VICTORIA LISS LLC							
	nited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Florida document number L21000213323	Liability Company	were filed on 05/06/2021	and assigned				
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liab	oility company here:					
SIFA ALIANCE LLC							
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."				
Enter new principal offices address, if appli	icable:	3101 PORT ROYALE BLVD APT.	415				
(Principal office address MUST BE A STREET ADDR		S) PT. LAUDERDALE, FL 33308					
			· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:		3101 PORT ROYALE BLVD APT. 415					
(Mailing address MAY BE A POST OFFICE BOX)		FT. LAUDERDALE, FL 33308					
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>enter the n</u>	ame of the new registered				
Name of New Registered Agent:	HEBERTH PA	CHECO					
New Registered Office Address: 3101 PORT RO		DYALE BLVD APT. 415	AAH AAH 24				

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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

FT. LAUDERDALE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
AMBR	HEBERTH PACHECO	3101 PORT ROYALE BLVD APT. 415	
		FT. LAUDERDALE, FL 33308	⊟Remove
			■ Change
AMBR	DAMARIS RIVAS	3101 PORT ROYALE BLVD APT. 415	□Add
		FT. LAUDERDALE, FL 33308	□ R e move
			E Change
			
			□Remove
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