8 11/22, 11/41 AM

Division of Corporations

H22000271642 3 Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000271642 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SACONSA GROUP LLC

Account Number: I20200000187 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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERDEG COMPANY LLC

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

Electronic Filing Menu Corporate Filing Menu

HIPLEMIEUX

AUG 12 2022

H22000271642 3

Page: 5 of 8

P.O. Box 6327

Tallahassee, FL 32314

17865135977

			COVERLETTER	H22000271642 3
TO:	Registration Se Division of Cor			i
		COMPANY LLC		
SUBJE	CT:			
		Name of Li	mied Liability Company	
The end	closed Articles of	Amendment and tee(s) are st	domitted for filing	
Please	etum all correspo	ordence concerning this matte	er to the following:	
		JESUS LEON		
		pa - garagan and and a second	Name of Person	
		SACONSA GROUP L	LC	
			Firm/Company	
		3625 NW 82 Avenue		
			Address	
		DORAL, FL 33166		
			City/State and Zip Code	
	JESUSLEONTERAN@GMAIL.COM			
	E-mail address: (to be used for future annual report notification)			ication)
For iun	th e c information c	oncerning this matter, please	call:	
JE\$U	S LEON		786 7572436	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy meditional copy is enclosed;	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI Registration Section	п
	Divisio	n of Corporations	Division of Corpor	ations

Division of Corporations Chilon Building 266) Executive Center Circle Tallahassee, FL 32301

Page: 6 of 8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000271642 3

FERDEG COMPANY LLC				
(Name of the Limited Liability Company (A Florida Lunited Lia	as it now app bility Compan	ems on our records.) y)		
The Articles of Organization for this Limited Liability Company we Florida document number L21000327429	ere filed on	07/19/2021	a	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company	here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," tl	te designation "LLC" (or the abbreviati	ion "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 at registered agent and/or the new registered office address here:	Idress on o	ur records, <u>enter</u>	the fiame of	the 2022 AUG
Name of New Registered Agent:			<u> </u>	
New Registered Office Address	Enter	Florida street address	<u></u>	_ _ [
	Panter	, Flor	ida	.¥ 12:
	Cuy		F: 7.11	r 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. I hereby 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 H22000271642 3

Title	Name	Address	Type of Action
AMBR	ANEZ JIMENEZ, JESUS B	3625 NW 82ND AVE	Add
		SUITE 100 K	🗖 Remove
		DORAL, FL 33166	Change
<u>_</u>			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
	, to 1		Add
			Remove
			□ Change
	41.21-91.		□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

Page: 8 of 8

		•	H220002	271642
		, on con-		<u>.</u>
				-
				_
				_
	<u></u> ,			-
				-
•				_
		······································		_
				-
				·
				- _
fective date, if other than the date of the interfective date is listed, the date must be specified in this block does becament's effective date on the Department.	not meet the appi	icable statutory ming require	(optional) 0 days after filing.) Pursuant to 60 ements, this date will not be list	05.0207 (3)(b) sted as the
e record specifies a delayed effecti The 90th day after the record is fi	ve date, but r led.	not an effective time, at	: 12:01 a.m. on the ear	lier of:
ted AUGUST 2	2022	 ,		
<u> </u>	for fluid	thorized representative of a mon	nher	
ENMANUEL FERNANDEZ H	,	monitor (chesemanive or a mon		
FINANCE FUNDINCE		nted name of signee		

Page 3 of 3

Filing Fee: \$25.00