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(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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## COVER LETTER

TO: Registration So Division of Con			
SALUYJA	FRA LLC		
SUBJECT:		ited Liability Con. pany	
	Amendment and fee(s) are sub	-	
riease return an correspo	ondence concerning this matter	to the following:	
	JAVIER F. MUNOZ ARE	NAS	
	-	Name of Person	
		Firm/Company	
	20200 W DIXIE HWAY S	SUITE 606	
		Addres	
	AVENTURA, FLORIDA,	33180	
	JAFAYSALU@HOTMAIL	City/State and Zip Code	
	•	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
JAVIER F. MUNOZ AF	RENAS	305 733-1048	
Name (	of Per son	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional opy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>w:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 ia
Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Fallahassee, FL 32303

## ARTICLES OF A MENDMENT ARTICLES OF OF GANIZATION OF

(Name of the Lim	ited Liability Compan (A Florida Limited Li	ns as it now appears on our record is allity Company)	<u>p.)</u>
The Articles of Organization for this Limited I Florida document number L21000380447	Liability Company v	were filed on <u>08/25/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EBON)		
B. If amending the registered agent and/or agent and/or the new registered office addr		ddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	JAVIER F. MU	NOZ ARENAS	
New Registered Office Address:	20200 W DIXIE	FIWAY SUITE 606	
		Enter Florida street addre:	· · ·
	AVENTURA	ជា	orida <sup>33180</sup>

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

......

SALUYJAFRA LLC

Thereby 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.

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Javien Mono 2

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	FRANCISCO J. MUNOZ ARENA:	20200 WEST DIXIE HWAY SUITE 606	□Adđ
		MIAMI, FL., 33180	Remove
			□Change
MGR	JAVIER F. MUNOZ ARENAS	20200 W DIXIE HWAY SUITE 606	<b>=</b> Add
		AVENTURA, FL, 33180	
		<del></del>	□Change
			□Add
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f an effective <u>Note:</u> If the	date is listed, the date inserted is	han the date of date must be spec in this block does on the Departme	ific and cannot s not meet the	applicable	ate of filing or m statutory filin	ore than 90 da	(optional) ys after filing.) tts, this date w	Pursuant to 605.02 fill not be listed
	rifies a delayed	effective date, b	out not an effe	ctive time.	at 12:01 a.m.	on the earlie	rof: (b) The	90th day after th
	9-2	-		150				
Dated								
Dated			Javie	12	Muno	2		

D.

Filing Fee: \$25.00