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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number

: (855)330-1010

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SACHISFL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SachisFL LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000473598	were filed on 11/01/21	and assigned
This amendment is submitted to amend the following:	٠.	
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "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 agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	
Name of New Registered Agent:		2022 APR
New Registered Office Address:	Enter Florida street address , Florida	FILED 27 AHI
	City , 1 to 1 to 2	Zip Code
New Registered Agent's Signature, if changing Registered Agent		0

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 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
Nakora Gere	Raul Fontanez	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	<b>國</b> Remove
			□Change
Authorized Member	Randy Martinez_	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	<b>K</b> Remove
Authorized Member	Victor Polanco	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	<b>⊠</b> Remove
			Change
			□Add
			□Remove
		•	□Change
			DAdd
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	he date of filing:	t be prior to date of filing	or more than 90 days after fili filing requirements, this da	il) ng.) Pursuant to 605.0207 ite will not be listed as
Affective date, if other than the affective date is listed, the date some affective date in this locument's effective date on the	s block does not meet the Department of State's	records.		
<u>Note:</u> If the date inserted in this	e Department of State's	records.		
Note: If the date inserted in this locument's effective date on the record specifies a delayed effert is filed.	e Department of State's ctive date, but not an eff	records.		
Note: If the date inserted in this locument's effective date on the record specifies a delayed effe	e Department of State's ctive date, but not an eff	records.  fective time, at 12:01 a.	.m. on the earlier of: (b)	

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