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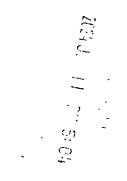
(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of s	Status
Special Instructions to	o Filing Officer:	
	J. HORNE JUL 26 2024	

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

	ROKERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	IURI DE BRUNS GUENT	THER	
		Name of Person	
	SAGA BROKERS LLC		
		Firm/Company	
	7434 GARY AVE		
		Address	
	MIAMI BEACH, FL 3314	П	
	-	City/State and Zip Code	
	iuri@sambaintl.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
BORBALA BANTO, O	CPA	440 340-1030 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

here: ne designation "L.L.C." or the abbreviation "L.L.C."
11/29/2021 and assigned ?
11/29/2021 and assigned ?
<u>here</u> :
ne designation "L.L.C." or the abbreviation "L.L.C."
ne designation "LLC" or the abbreviation "L.L.C."
r records, <u>enter the name of the new register</u>
Florida street address
The state of the s
, Florida Zip Code
z.p. Cone
is capacity. I further agree to comply with the of my duties, and I am familiar with and an Chapter 605, F.S. Or, if this document is reby confirm that the limited liability
h

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			\ Remove
			Change
			🗆 Add
			Remove
			🗆 Change
			□Remove
			Change
			□Add
			□Remove
			□ Change



amending asy other informat	ion, enter change(s) here: (A	Attach additional sheets,	if necessary.)
		<u> </u>	
			<u> </u>
			
			
			
			
fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blo current's effective date on the De	ck does not meet the applicable	nte of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 its. this date will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective time,	at 12:01 a.m. on the earlie	of: (b) The 90th day after the
ted	. 2024		
Jun be bry	WW Green Grant Signature of a member or authorized	d representative of a member	
IURI DE BRUNS GUEN	\THER		
	Typed or printed na	ime of signee	

E'L' - E - - 625 00