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Division of Corporations

621000515766

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H220002446353

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H220002446353ABC

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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.

Email Address: _____

2022 JUL 19 PM 3:52

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JUL 19 2022
TALLAHASSEE
FLORIDA

2022 JUL 19 PM 2:49

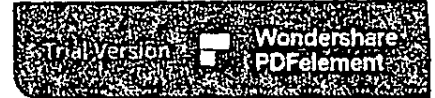
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REPLAY TRAVEL & EVENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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JUL 20 2022



COVER LETTER

**TO: Registration Section
Division of Corporations**

H220002446353

SUBJECT: REPLAY TRAVEL & EVENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON
Name of Person

SACONSA GROUP LLC
Firm/Company

3625 NW 82 Avenue Suite 100-K
Address

DORAL, FL 33166
City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON at (786) 7572436
Name of Person Area Code Daytime 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 ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

H220002446353



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220002446353

REPLAY TRAVEL & EVENTS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/06/2021 and assigned Florida document number L21000515766

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED 2022 JUL 19 PM 2:49 State of Florida Tallahassee, Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address or removed from our records:



MGR = Manager
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Camargo Sanchez, Patricia L	8290 LAKE DR APT 126	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rivas Centeno, Dallana C	8290 LAKE DR APT 126	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



D. If amending any other information, enter change(s) here: (Attach additional sheets, if

Multiple horizontal lines for entering amendments.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 04

Handwritten signature with date 2022 written above it.

Signature of a member or authorized representative of a member

HERNANDEZ LABARCA, EDGAR D

Typed or printed name of signer

H220002446353