L21000 522 8103

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Cooming Company)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special instructions to Filling Officer.						

Office Use Only



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05/26/23--01007--006 **25.00

THE STATE

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	South American Sales, LLC		
		Name of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to t	he following:
Joseph Fusco)		
	Name of Person		
South Ameri	can Sales, LLC		
	Firm/Company		
1520 NW 89	th Court		
	Address		
Doral, FL 33	172		
	City/State and Zip Co	de	
Inquiry.sas@	gmail.com		
E-mail	address: (to be used for future	annual report no	otification)
For further i	nformation concerning this ma	itter, please call:	
Joseph Fusco	>	305 at (204-8365
	Name of Person	u (Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ving amount:	
■ \$	25 Filing Fee	ū	\$55 Filing Fee & Certified Copy
INHS18 (2/1-	4)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nε	ame of the limited liability company: SOUTH AMERIC	CAN SA	LI	LES, LLC	-
	(a)				b)	
	• /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1520 NW 89TH COURT			1520 NW 89TH COURT	
		DORAL. FL 33172	_		DORAL, FL 33172	
		05/17/23			L21000522863	
3.		Date of filing/registration in Florida	4.	_	Document number	
5	(a)	Joseph Fusco				
<i>J</i> .	(α)	Registered Agent and Registered Office shown on the records of SOUTH AMERICAN SALES, LLC	the Florio	da l	da Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A	<u> </u>			
		CORAL GABLES, FL		 -		
	(b)	Joseph Fusco	Δ* ** **	غ بر سيسب سيسب		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ddress:	·
		SOUTH AMERICAN SALES, LLC				
		NEW Registered Office Address:	•			
		1520 NW 89TH COURT				
		DORAL, FL	33172			
ch: age wa	ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lir	rec on mi	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	Ĺ	and defet	Jos	sep	eph Fusco	
	1	ture of member or authorized representative of a member			Printed or typed name of signee	
pre the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I have the property of this change	ee to ac perforn I for in iereby c	et i nar CF cor	it in this capacity. I further agree to comply with to lance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fil confirm that the limited liability company has been	he ept ed
31	gnatu /	re of Registered Agent				
	/	Division of Corporations● P.O. F	30x 632	27	7 Tallahassee, FL 32314	

FILING FEE: \$25.00