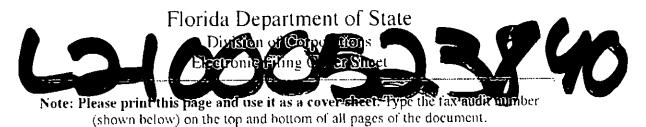
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Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: 7 FERREMAR GROUP LLC

Certificate of Status Certified Copy 01 Page Count \$25,00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX IAN 19 2022 Page: 5 of 8

COVER LETTER

TO:	Registration Sec Division of Corp		™ 2				
		R GROUP LLC	-4				
SUBJE	CT:	Name of Limi	ted Liability Company	<u> </u>			
The end	closed Articles of a	Amendment and fee(s) are subt	nitted for filing.				
Please	return all correspor	ndence concerning this matter t	o 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 fur	ther information co	incerning this matter, please ca					
JESU	S LEON		786 7572436				
	Name of	Person	at () Area Code Daytims	: Telephone Number			
Enclos	sed is a check for th	se following amount:					
■ \$2	5.00 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 radditional 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 Page; 6 of 8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERREMAR GROUP LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.) This Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000523840</u>	re filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or th	e 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 registered agent and/or the new registered office address here:	e address on our records, <u>em</u>	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City: , Florida	CC
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance of my duties, and La vided for in Chapter 605, F.S.)	m familiar with and Or, if this document is

From: JESUS LEON

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CAMBRIA, VICTOR	3039 Post St	■ Add
		Jacksonville, FL 32205	☐ Remove
			Add
			☐ Remove
			Change
			Remove
			_ Change
			O Add
			☐ Remove
			(Change
			☐ Remove
			Change
			□ Remove
			□ Change

o: +18506176383	Page: 8 of 8	2022-01-18 17:14:15 GMT	17865135977	From: JESUS LEON
D. Hamending any o	ther information, enter c	hange(s) here: (Attach additional sh	cets, if necessary.)	
				
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P * , * Paul Administration Programme Scare				

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Note: If the date	f other than the date of filishined, the date must be specific a inverted in this block does not ive date on the Department of	ng: nd cannot be prior to date of filing or more than t meet the applicable statutory filing requi- f State's records.	(optional) 90 days after filing.) Pursuant to 64 rements, this date will not be li	95.0207 (3½b) sted as the
If the record spec (b) The 90th day	Ifies a delayed effective after the record is filed	date, but not an effective time, a	at 12:01 a.m. on the ear	tier of:

Page 3 of 3

Typed or printed name of signee

2022

Signature of a member of

FABIOLA P PARRADE PEREZ

Filing Fee: \$25.00