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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

S Ġ

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.\*\*

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H MUNDO GROUP LLC

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H220004045563

## **COVER LETTER**

H220004045563 TO: Registration Section Division of Corporations H MUNDO GROUPLLC SUBJECT: 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-7572436 JESUS LEON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$55.00 Filing Fee & ■ \$25,00 Filing Fee □ \$30 00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (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 2001 Executive Center Circle Tallahassee, FL 32301

#### From: JESUS LEON

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H22000#045563 OF

H MUNDO GROUPLLC		
( <u>Name of the Limited Liab</u> (A Flori	ollty Company as it now appears on our records, ida Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on01/12/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	inuted 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 ADL	DRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code

#### 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

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

To: AMENDMENT

## H220004045563

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mundo Sayago,Maria E	11043 NW 72ND	B Add
		TERRACE, FL 33178	□ Remove
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NOVEMBER 21	2022	
Sign	ature of a member or authorized representative of a member	
MAURICIO MUNDO SAY	AGO	
	Typed or printed name of signee	

Filing Fee: \$25.00