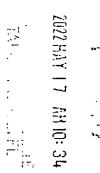
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(Re	equestor's Name)	
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Office Use Only

of Thirty

COVER LETTER

TO:

Registration Section
Division of Corporations

SANACO I SUBJECT:	LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Anthony Morales			
		Name of Person		
	MyUSACorporation.com			
		Firm/Company		
	1 Radisson Plaza, Suite 80	0		
		Address		
	New Rochelle, NY 10801			
		City/State and Zip Code		
	info@myusacorporation.cor			
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Anthony Morales		877 330-2677		
Name o	f Person		Felephone Number	
Enclosed is a check for the	ne 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		Street Address: Registration Sect	ion	
Division of Corporations		Division of Corp	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAY 17 AH 10: 34

	SANACOLLC	
(Name of the Limite)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	Table 1.14
The Articles of Organization for this Limited Lia Florida document number		and assigned
This amendment is submitted to amend the following	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the is here:</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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>	<u>Address</u>	Type of Action
MGR	NATALIE COHEN PEREZ	BLVD. BOSQUE REAL #43, BOWQUE REAL	= Add
		HUIXQUILUCAN, MEXICO 52774	□Remove
			□Change
MGR	SARA COHEN PEREZ	BLVD. BOSQUE REAL #43. BOWQUE REAL	= Add
		HUIXQUILUCAN, MEXICO 52774	□Remove
			□Change
MGR	ANDREA COHEN PEREZ BLVD. BOSQUE REAL 43, BOWQUE	BLVD. BOSQUE REAL 43, BOWQUE REAL	= Add
		HUIXQUILUCAN, MEXICO 52774	□Remove
			□Change
MGR	PATRICIA REGINA PEREZ	BLVD. BOSQUE REAL #43, BOWQUE REAL	□Add
		HUIXQUILUCAN, MEXICO 52774	□Remove
			≡ Change
AMBR	SANACORP GLOBAL, SOCIEDAD ANONIMA DE CAPITAL VARIABLE	BLVD. BOSQUE REAL #43, BOWQUE REAL	□Add
		HUIXQUILUCAN, MEXICO 52774	□Remove
MGR	SANACORP GLOBAL, SOCIEDAD ANONIMA DE CAPITAL VARIABLE	BLVD. BOSQUE REAL #43, BOWQUE REAL	🗆 Add
		HUIXQUILUCAN, MEXICO 52774	□Remove
			🖬 Change

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cument's effective date on the Dep	artment of State's rec	ords.		
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