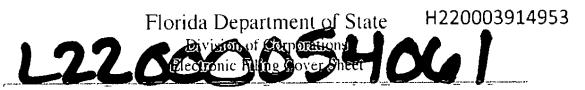
From: JESUS LEON

16'11'22, 15 09

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000391495 3)))



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:

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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 REPRESENTACIONES MEDICAS ALFA LLC

Certificate of Status Certified Copy 01 Page Count Estimated Charge \$25.00

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Page: 5 of 8

COVER LETTER H220003914953 TO: Registration Section Division of Corporations REPRESENTACIONES MEDICAS ALFA LLC 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 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 & Certificate of Status & Certificate of Status Certified Copy 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H220003914953

	City	== Zip C	vere	
_	, Florida	<u> </u>	ထဲ	
	Enter Florida street address		1	07
New Registered Office Address:			6	
Name of New Registered Agent:		<u> </u>	Y 0	<u> </u>
registered agent and/or the new registered office:	<u>address nere</u> :		2022 NOV	
B. If amending the registered agent and/or r		r the na	me of	the new
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
Enter new mailing address, if applicable:				
(Principal office address MUST BE A STREET AI	ODRESS)			
Enter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "		ibbreviatio	n™L.L.C	• • •
A. If amending name, enter the new name of the			-	
This amendment is submitted to amend the following	g.			
Florida document numberL22000054061				
The Articles of Organization for this Limited Liabilit	ty Company were filed on 02/01/2022	and	l assign	ied
(A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)			
(Name of the Limited Lie	Addity Cananana ac it now annears on our records			

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

H220003914953

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tovar Pernia, Manuel A	3625 N.W. 82 AVENUE	Add
		SUITE 100 K	☐ Remove
		DORAL FL , 33166	☐ Change
			🗆 Remove
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Fective date, if other than the da	ate of filing:
an emperive dele is assed, die cale ands, di	k does not meet the applicable statutory filing requirements, this date will not be listed as i
record specifies a delayed e The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed.
NOVEMBER 14	2022
•	d : Co0 :
Sī	gnature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00