

16/11/22, 15:09

Division of Corporations

Florida Department of State

H220003914953

**L220003914953**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H220003914953)))



H220003914953ABC2

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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  
 REPRESENTACIONES MEDICAS ALFA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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NOV 17 2022  
 K. Brumbley

APPROVED  
 AND  
 FILED

2022 NOV 16 AM 8:41

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32399

**COVER LETTER****H220003914953****TO: Registration Section  
Division of Corporations****SUBJECT: REPRESENTACIONES MEDICAS ALFA LLC**

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

786

7572436

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**H220003914953**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION      H220003914953  
OF**

REPRESENTACIONES MEDICAS ALFA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2022 and assigned Florida document number L22000054061.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

APPROVED AND FILED  
2022 NOV 16 AM 8:41  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tovar Pernia, Manuel A	3625 N.W. 82 AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 100 K	<input type="checkbox"/> Remove
		DORAL FL , 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

H220003914953

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 14, 2022

*Javier Colmenares*

Signature of a member or authorized representative of a member

JAVIER R COLMENARES MORA

Typed or printed name of signer

H220003914953