122000069757

(Re	equestor's Name	e)	
(Ad	ldress)		
(Ad	ldress)		
(Cid	ty/State/Zip/Pho	one #)	
PICK-UP	MAIT		MAIL
(Bu	ısiness Entity N	ame)	
(Do	ocument Numbe	er)	
Certified Copies	_ Certificat	tes of Status	·
Special Instructions to	Filing Officer:		
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COVER LETTER

TO:	Registration Se Division of Cor				
emb inz	SARRIAX	LLC			•
SUBJEC	.l:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		LEO SARRIA			
			Name of Person		
		SARRIAX LLC			
		-	Firm/Company		
		4000 Hollywood Blvd #42	5s		
			Address		
		Hollywood FL 33021			
			City/State and Zip Code		
		eyeacquire@gmail.com	to be used for future annual repo	et notification)	
For furth	ner information c	oncerning this matter, please ca	·	rt normeacton)	
LEO SA	ARRIA		419 205495		
	Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed	d is a check for th	ne following amount:			
■ \$ 25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified (of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 26 PM 6: 09

Zip Code

SARRIAX LLC		. V D⊒ CENT.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) [A]	LLAHASSEE, FL
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L22000069757</u> .	were filed on February 10, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	. 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.

City

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>	Address	Type of Action
AMBR	CAMILO SARRIA	7901 4TH ST N STE 300	
		ST. PETERSBURG 33702	□Remove
			□Change
			□Add
			□Remove
			□ Change
	-		□Add
			□Remove
			□Change
			□Remove
			□ Change
			🗀 Add
			□Remove
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Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	nust be specific block does no	and cannot be proof of meet the app	licable statutor			
he record specifies a delayed effec ord is filed.	tive date. but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after the
Dated MAY 24		2022				
Dated		072	 •			
						

Typed or printed name of signee