

12/21/23, 3:37 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H230004349583)))



H230004349583ABC5

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:

Account Name : GLOBALFY BUSINESS SERVICES LLC
Account Number : 120160000033
Phone : (866)428-2030
Fax Number : (407)308-0481

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
SANAR ENGINEERING AND AUTOMATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 DEC 21 PM 4:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

DEC 22 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANAR ENGINEERING AND AUTOMATION, 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:

LUIS LUGO

Name of Person

GLOBALFY BUSINESS SERVICES, LLC

Firm/Company

7345 W SAND LAKE RD SUITE 210

Address

ORLANDO, FL 32819

City/State and Zip Code

DOCS@GLOBALFY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS LUGO

866

4282030

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SANAR ENGINEERING AND AUTOMATION, 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 03/14/2022 and assigned
Florida document number L22000128050.

This amendment is submitted to amend the following:

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

EAN AUTOMATION, LLC

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

City

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luis Carlos Segura Lopez	AV NEVADO DE TOLUCA 62 SAN MIGUEL	☒ Add
		XOCHIMANGA ATIZAPAN DE ZARAGOZA	☐ Remove
		EDO. DE MEX. MEXICO CP 52927	☐ Change
AMBR	Ulises Emmanuel Araujo Zamora	PROGRESO NORTE 141 TENANGO DEL VALLE	☒ Add
		ESTADO DE MEXICO. MEXICO CP 52300	☐ Remove
			☐ Change
AMBR	Arellano, Marcos Daniel	PRIMERA CERRADA SAN PABLO 8	☐ Add
		SAN MIGUEL XOCHI	☒ Remove
		ATIZAPAN 52729 MX	☐ Change
AMBR	Arellano Nava, Eduardo	CASTLEMAIN DRIVE	☐ Add
		BLOOMINGTON, IL 61704	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

