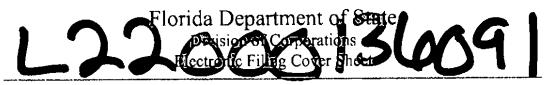
Division of Corporations



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.

(((H22000204902 3)))



H220002049023ABCV

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To:

Page: 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Fax Number

Phone : (608)827-5300 : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_carlottosilvia@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNCOAST IMPORT LLC

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

JUN 14 2022

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit # H22000204902 3

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SUNCOAST IMPORT LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on adulty Commany)	our records.)	_
The Articles of Organization for this Limited Liability Company  Florida document number			d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
			202
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation	manufaction of the second
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			3 <u>2</u> 4 <b>(8</b>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
			<del>_</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		rds, <u>enter the name of th</u>	
Name Description of Option Addresses			
New Registered Office Address:	sevet address		
		, Florida	
	City	Z;p	Coile
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	performance of my	acity. I further agree to duties, and I am familia	r 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

From: Alexis Gre

□ Change

Page: 4 of 5

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	CLARA MASCHIO	4524 BALTRY CT	□Add
		BRADENTON, FL 34211	<b>X</b> Remove
			Change
AMBR	Raj Tiruch Rajan	905 Rivera Dunes Way	X Add
		Palmetto, Florida 3-4221	[]Remove
			[] Change
			□ Remove JUN 13
			DANG CA
			☐Remove
			Clauge
			, DAdd
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			□Change
			□Add
			[.]Remove

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Fax Audit # H22000204902 3

\* Page: 5 of 5

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	Dated	06/10/2022	
Silvia Carlotto, Member		Signature of a member of anthorized representative of a member	
		Silvia Carlotto, Member	