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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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<b>(</b> - )		,
(D0	cument Number)	
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	A Sando A	P. L. C. C.	
SUBJES, 11:	*	2. L. C. C. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ana Mi	Name of Person	
		Name of Person	<del></del>
		riso P. L. L. C. Firm/Company	
		Firm/Company	
	1740 SW.	71th ct	
		Address	
	Miam; Fr	33155	
		City/State and Zip Code	
	a.sansu@	AUL. com	
	E-mail address: (	to be used for future annual report nout	ication)
For further information c	oncerning this matter, please co	sil:	
Ana Mila	na Sanso	at ( 786 ) 205 ( Area Code Daytime	4487
Name o	f Person	Area Code Daytime	: Telephone Number
Fuctored is a check for the	ne 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 tadditional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

·	O P.L.L.C.		
(Name of the Limited Liabili (A Florid	ty Company as it now appear Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C		03/28/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :	
Ana Milena Sanso D.LL.C			
Ana Hilena Sanso P-44C The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		- <u>-</u>	
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	records, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:	·		
New Registered Office Address:	Fator G	lorida street address	
	Siner	with areer indiress	
		, Florida	
	/ 151		

company has been notified in writing of this change.

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

If ameliding 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 = Anthorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change