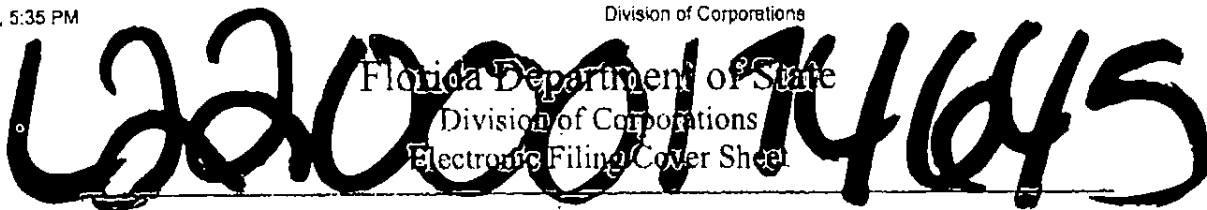


3/20/23, 5:35 PM

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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: AIDALUIS@HOTMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
L.S.A.C.E INTERPRISE USA LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

H230001055843

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L.S.A.C.E ENTERPRISE USA 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 04/12/2022 and assigned
Florida document number L22000174645

This amendment is submitted to amend the following:

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

L.S.A.C.E ENTERPRISE 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**)

10012 NW 7 ST APTD 205

MIAMI FL 33172

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10012 NW 7 ST APTD 205

MIAMI FL 33172

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:

WILLIAM SAMUEL ARIAS

New Registered Office Address:

950 S PINE ISLAND ROAD A-150 SUITE 1012

Enter Florida street address

PLANTATION

City

Florida 33324

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.

Samuel Arias
If Changing Registered Agent, Signature of New Registered Agent

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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	ARIAS, WILLIAM S	18402 NW 56 PL	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESPINOSA, MARIA L	18402 NW 56 PL	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARIAS, WILLIAM	18402 NW 56 PL	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CADAVID, TATIANA	18402 NW 56 PL	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESPINOSA, ARIAS Y CIA S.C.A	10012 NW 7 ST APT 205	<input checked="" type="checkbox"/> Add
		MIAMI FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

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 March 15 2023

Samuel ARCS E.
Signature of a member or authorized representative of a member

WILLIAM SAMUEL ARJAS

Typed or printed name of signee

1423 000 1055843