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PICK-UP WAIT MAIL
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FILED

2022 JUL 15 PM 5: 05

COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	SERSAN LI	LC			
		Name of Lim	ited Liability Company		
The enclosed	l Articles of :	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		SANDRA GARCIA			
			Name of Person		
			Firm Company		
		6403 REGATTA CT			
			Address		
		TAMPA, FL 33634			
		SGARCIA090366@GMAII	City/State and Zip Code COM		
I' 4			to be used for future annual	report notification)	· · · · · · · · · · · · · · · · · · ·
ror turther ii	поппацов сс	oncerning this matter, please or	111;		
SANDRA G	ARCIA			9-6228	
	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
<u> Ma</u>	iling Address	E _	Street Ac	idress:	

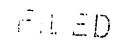
Registration Section
Division of Corporations

TO:

Registration Section

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 TOARTICLES OF ORGANIZATION OF



2022 JUL 15 PH 5: 05

SERSAN 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 $\frac{05/05/2022}{1}$ and assigned Florida document number 1.22000213037 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 Changing Registered Agent, Signature of New Registered Agent

_____, Florida ___

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>	Type of Action
AMBR	SERGIO CARDOSO GONZALEZ	6403 REGATTA CT	
		TAMPA, FL 33634	■Remove
			DChange
AMBR	SANDRA GARCIA	6403 REGATTA CT	= Add
		TAMPA, FL 33634	□Remove
			□Change
			□Add
			🗀 Remove
			☐ Change
			⊡Add
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			Dated	7			
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Filing Fee: \$25.00