

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000208850 3 264669

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

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

****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
SAT FINANCIAL PLANNING LLC**

Certificate of Status	0
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2022 JUN 16 AM 10:19

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2022 JUN 16 PM 5:08
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2022

T. LEMIEUX
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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

SAT FINANCIAL PLANNING 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 06/09/2022 and assigned
 Florida document number L22000264669.

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 "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

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 CLERK OF DISTRICT COURT
 11th DISTRICT
 STATE OF FLORIDA
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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	ROCCO, LEONARDO EMANUEL	12651 SOUTH DIXIE HIGHWAY SUITE 309	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OTALORA, MARIANO EZEQUIEL	12651 SOUTH DIXIE HIGHWAY SUITE 309	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NOBILE, GUSTAVO ERNESTO	12651 SOUTH DIXIE HIGHWAY SUITE 309	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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