

Division of Corporations

SECOND REQUEST

3/22/24, 12:15 PM

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000398689**

Note: Please print this page and use it as a cover sheet. Type the fee audit number
(shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : MORISON TAX TEAM LLC
Account Number : I20200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

**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
FLETAMOS APP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

APR 16 2024

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLETAMOS APP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Firm/Company

3625 NW 82 Avenue Suite 100-K

Address

DORAL, FL 33166

City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

2024/04/15 19:10:36

FILED

For further information concerning this matter, please call:

JESUS LEON

786

7572436

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLETAMOS APP 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 09/12/2022 and assigned
Florida document number L22000398689.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2115 NE 37th Dr Apt. 133Fort LauderdaleFlorida 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2115 NE 37th Dr Apt. 133Fort LauderdaleFlorida 33308

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:

MORISON TAX TEAM LLC

New Registered Office Address:

3625 NW 82 Avenue Suite 100-K

Enter Florida street address

Doral

City

, Florida 33166

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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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>
MGRM	Massimo Griffo	2115 NE 37th Dr Apt. 133	<input checked="" type="checkbox"/> Add
		Fort Lauderdale	<input type="checkbox"/> Remove
		Florida 33308	<input type="checkbox"/> Change
MGRM	Vicario Griffo, Cristian	2115 NE 37th Dr Apt. 133	<input type="checkbox"/> Add
		Fort Lauderdale	<input type="checkbox"/> Remove
		Florida 33308	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 18 2024

APR 18 2024

[Signature]

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Cristian Vicario Griffo

Typed or printed name of signee