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.

(((H23000159995 3)))



H230001599953ABCA

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC
Account Number : 120210000128
Phone : (305)244-9500
Fax Number : (954)827-9354

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 FLIASAN LLC

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

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COVER LETTER

TO: Registration Division of				
	AN LLC		•4	
SUBJECT:	Name of Lin	nited Liability Company		
Division of Corporations FLIASAN LLC				
Please return all corre	espondence concerning this matter	to the following:		
	RODRIGO URBINA			
		Name of Person		
	SUNBIZ ONLINE LLC			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1600 NW 128TH DR. SU	HTE 303		
	Address			
	SUNRISE, FL 33323	SUNRISE, FL 33323		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	tification)	
For further information	on concerning this matter, please c	all:		
RODRIGO URBINA	A			
Nar	ne of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy	
			ection	
_				
P.O. Box	-	The Centre of	Tallahassee	
Tallahasse	ec. FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIASAN LLC

(Name of the Lim	Ited Liability Comps (A Florida Limited	any as It now appears on or Liability Company)	n. Leconge ⁽)		
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on1	/07/2022		and assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ollity company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company." the designat	ion "LLC" or th	e abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		1401 SAWGRASS CORPORATE PKWY			
(Principal office address MUST BE A STRE.		SUITE 200			
		SUNRISE, FL 33323			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3225 N. HIATUS RD UNIT 451422 SUNRISE, FL 33345			
B. If amending the registered agent and/or agent and/or the new registered office additional and/or the new Registered Agent:			s, enter the n	ame of	the new registe
New Registered Office Address:	1600 NW 1287	TH DR.		IJ.,	20
new negligible of the numbers.	SUNRISE	Enter Florida stri			7:
		Οŭ.			'ip Cod <u>e'</u>
New Registered Agent's Signature, if changing	Registered Agent:			-	, , ,
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as regions filed to merely reflect a change in the	per and complete sistered agent as _l	performance of my di provided for in Chapte	ities, and La er 605, F.S. (un faini Or, if th	liar with and is d <mark>ocu</mark> ment is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	MARIO H. SANSONE	1401 SAWGRASS CORPORATE PKWY	
		SUITE 200	□Remove
		SUNRISE, FL 33323	\#Change
MGR	INES E. CAAMANO	1401 SAWGRASS CORPORATE PKWY	
		SUITE 200	_
		SUNRISE, FL 33323	
MGR PAULA SANSONE	1401 SAWGRASS CORPORATE PKWY		
	SUITE 200		
		SUNRISE, FL 33323 ■Cha	
	Name of the Control o		🗀 Add
			🗀 Remove
	was therefore Pet Mary and		□Add
		□ Remo	□Remove
			□Change
		□Add	
			□ Remove
			Change

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				·
Effective	date, if other than the d	ate of filing:	(optional)	
If an effecti	ive date is listed, the date must b	e specific and cannot be prior to	date of filing or more than 90 days after filing.): le statutory filing requirements, this date w	Pursuant to 605.0207 (
	's effective date on the Dep			
e record s rd is filed	=	date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b) The	90th day after the
			//	
Dated	APRIL 26	2023	. ///	
			(NAM)	
	Ś	ignature of a member or authori	red representative of a member	
		MARIO H. S	ANSOINE	

Filing Fee: \$25.00