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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	MARTHA DE SOUSA GROUP, LLC				
		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
MART	HA DE SOUSA				
	Name of Person				
	Firm/Company	<u> </u>			
3625 N	. COUNTRY CLUB DRIVE, APT. 1208				
	Address				
AVEN	TURA, FL 33180				
	City/State and Zip Code				
ORIEN	TARHR@GMAIL.COM				
E	-mail address: (to be used for future annu	report notification)			
For fur	ther information concerning this matter, p	ease call:			
MART	HA DE SOUSA	561 528-6638 at ()			
	Name of Person	Area Code & Daytime Telep	hone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303			
	Enclosed is a check for the following a				
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	Na	me of the limited liability company:		
2. (a)		(b)	
- . (ч ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	······································	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3625 N. COUNTRY CLUB DRIVE, APT 1208		3625 N. COUNTRY CLUB DRIVE, APT 1208
		AVENTURA, FL 33180		AVENTURA, FL 33180
		JANUARY 4, 2023	L	23000010191
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)			
	(-)	Registered Agent and Registered Office shown on the recor	ds of the Florida D	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
		20100 W COUNTRY CLUB DRIVE, UNIT 202		
		AVENTURA	,FL ³³¹⁸⁰	2023 KOV
				OV THE
0	b)			· /
`		Enter name of NEW Registered Agent and/or NEW Regis	tered Office addr	ess:
				وهند والمستناد والمستاد والمستناد والمستناد والمستناد والمستناد والمستناد والمستناد وا
				<u>چ</u> به
		NEW Registered Office Address:		
		3625 N. COUNTRY CLUB DRIVE, APT. 1208		
			<u> </u>	
		AVENTURA	. FL 33180	
chan agen was/ the a	ige it w wei	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the membeles of preadization of the operating agreement of the operating agreement of the operation of a member of a member or authorized representative of a member	the registered of liability compers of the limited the limited liab	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. THA DE SOUSA
~	7	/ -		Printed or typed name of signee
I he	reb isjo	y accept the appointment as registered agent and one of all statules relative to the proper and comp gations of my position as registered agent as pro	agree to act in lete performant vided for in Chi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or. if this document is being filed
the connoil	(L)	ons of all statules relative to the proper and comp gations of my position as registered agent as prov by reflect a change in the registered office address in willing of this change.	s, I hereby conj	irm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00