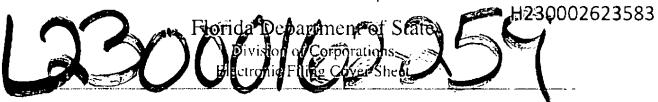
7/27/23, 3:44 PM

Division of Corporations



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.

(((H23000262358 3)))



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 : SACONSA GROUP LLC Account Number : I20200000187 Phone : (786)757-2436

: (786)513-5977 Fax Number

\*\*Enter the email address for this business entity to be used for future \$\frac{2}{2}\$

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOMADS IN MARGARITA LLC

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

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H230002623583

## **COVER LETTER**

TO: Registration S Division of Co				H230002623583
NOMAD	S IN MARGARITA LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>	<del> </del>
The englosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JESUS LEON			
		Name of Person	:	<del></del>
	SACONSA GROUP LL	С		
		Firm Company		
	3625 NW 82 Avenue S	uite 100-K		
		Address		
	DORAL, FL 33166			
	JESUSLEONTERAN@G	City State and Zip C	ode	
	·	to be used for future an	muai report notifica	tion)
For further information	concerning this matter, please c	alt;		
JESUS LEON		786	7572436	
Name	of Person	Area Code	Daytime Te	elephone Number
Enclosed is a check for	the following amount:			
■ S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S\$\$ 60 Filing Certified Cop odditional copy	,	☐ S60,00 Filing Lee. Certificate of Status & Certified Copy radditional copy is enclosed)
Regis Divisi P.O. I	JNG ADDRESS: tration Section on of Corporations 30x 6327 tassee, F1, 32314	Regi Divi Cliñ 26a	REET/COURIER istration Section Ision of Corporation Ion Building I Executive Cente ahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002623583

NOMADS IN MARGARITA LLC			
( <u>Name of the Limited Liability Com</u> (A Fiorida Limite	i <mark>pany as it now app</mark> al Liability Company	ears on our records.) y)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
The Articles of Organization for this Limited Liability Compare Florida document number	ny were filed on .	03/31/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company	here:	
The new name must be distinguishable and contain the words "Limited Lie	bility Company," th	e designation "LLC" or il	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del> .
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>		<del></del>
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		on our records, <u>en</u>	ter the name of the nev
New Registered Office Address:		lorida street oddress	<del></del>
	Liner		
	Car	, Florida	= - Zip Code
New Registered Agent's Signature, if changing Registered Ager	•		202
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in the to performance s provided for it	of my duties, and Lo v Chapter 605, F.S.	agree to comply with the miliar with and Or, if this document is
10.01	hanging Registered	Agent, Signature of Nev	

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 H230002623583

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Uzcategui Zambrano.Johan C	3625 NW 82ND AVE	<b>_</b> _Add
		SUITE 318	
		DORAL, FL 33166	☐ Change
			☐ Remove
			Change
			Add
			Петюче
			□ Change
			☐ Remove
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			Add
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			☐ Change
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Page. 8 of 8

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		المالم	سنسلند			
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		Signature of a inc	in <b>be</b> r of authorized	t representative of a	inemises	

Page 3 of 3

Filing Fee: \$25.00