

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L230002816483939

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.

((H23000281648 3)))



H230002816483ABC1

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 : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: marialejalom94@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AMARA SACS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

RECEIVED

2023 AUG 14 PM 1:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 14 PM 1:18

Aug. 14 2023 12:26PM

H230 No. 119316 P. 23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMARA SACS 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:

MARIA A. LOMBANA DIAGO

Name of Person

AMARA SACS LLC

Firm/Company

1441 NE 116 th Street

Address

Miami, FL 33161

City/State and Zip Code

marialejalom94@hotmail.com

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

For further information concerning this matter, please call:

MARIA A. LOMBANA DIAGO

at (786) 431 - 9971
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMARA SACS 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 04/25/2023 and assigned
Florida document number L23000202939.

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:

1441 NE 116th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33161

Enter new mailing address, if applicable:

1441 NE 116th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33161

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:

LOMBANA DIAGO, MARIA A.

New Registered Office Address:

1441 NE 116th Street

Enter Florida street address

Miami

Florida 33161

City

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.

MD

If Changing Registered Agent, Signature of New Registered Agent

Aug. 14, 2023 12:27PM

H230A-110016-43

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> |
|--------------|------------------------|-----------------------|--|
| MGR | BLANCHI, SOFIA | 31 SE 5TH STREET 1110 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LOMBANA DIAGO, MARLA A | 31 SE 5TH STREET | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LOMBANA DIAGO, MARIA A | 1441 NE 116th Street | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33161 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

H23049-198164-53

[illegible]

(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)

Dated AUGUST 11, 2023

MARIA A. LOMBANA DIAGO

Filing Fee: \$25.00