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SECRETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: The Sabas	Companies, LLC	•				
	Name of Lim	nited Liability Company		_		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	David Sabas					
		Name of Person				
	The Sabas Companies, LL	.C				
	<del></del>	Firm/Company		<del></del>		
	10422 SW 138 PL					
		Address		_ 	202	
	Miami, FL 33186			CRE ALL	3 AU	
	<del></del>	City/State and Zip Code		TAR)	2023 AUG 29	
	E-mail address: (	to be used for future annual report notifi	cation)	- (TE S	ें	1
For further information of	concerning this matter, please c	all:		SE	18 6 81	,
David Sabas		at (786 ) 8182134				
Name o	of Person		Telephone Num	ber	_	
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Force Filing Filing Force Filing Filing Force Fili	tatus &	ı
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	oorations illahassee Street, Suite	: 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Sabas Companies, LLC

( <u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appears on our Jability Company)	· <u>records.</u> )			
The Articles of Organization for this Limited Liab Florida document number L23000223309	oility Company	were filed on <u>05/05/202</u>	3	and as	signed	
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liabi	ility company here:				
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designatio	on "LLC" or the abbrev	ation "L	L.C."	
Enter new principal offices address, if applicab	10422 SW 138 PL					
This amendment is submitted to amend the follow  A. If amending name, enter the new name of t  The new name must be distinguishable and contain the wor  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BE)  B. If amending the registered agent and/or regagent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Re  I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered.		Miami, FL 33186	တ	25		
the same of the sa	<del></del>		ITAL TAL	23 5	4**-* .	
Enter new mailing address if applicables		10422 SW 138 PL	E TARY	UG <b>29</b>	Gares Gares	
· • • • • • • • • • • • • • • • • • • •	<b>2 Y</b> 2	Timited Liability Company here:  "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."  IDDRESS)  Miami, FL 33186  DDRESS)  Miami, FL 33186  Miami Santa Cruz  Miami  Enter Floridu street address  Miami  City  Florida  33186  Zip Code	1			
THURING BELLEVIS WAT BE A FOST OFFICE BE	<u> </u>		Po.	9	Very de	
** **		ddress on our records,			w registered	
Name of New Registered Agent:	Laurie Santa Cr	uz				
New Registered Office Address	New Pagistared Office Address: 10422 SW 138					
Name of New Registered Agent:	Enter Florida street address					
	Miami	, Florida 33186	lorida <sup>33186</sup>			
	City			Zip Code		
New Registered Agent's Signature, if changing Reg	gistered Agent:					
provisions of all statutes relative to the proper	and complete ered agent as p gistered office	performance of my dut provided for in Chapter	ies, and I am fami 605, F.S. Or, if th	liar wi is doc	th and ument is	

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other than a fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific at s block does not	nd cannot be p meet the ap	rior to date o plicable stat	filing or more utory filing r	than 90 days a	ptional) fter filing.) Pur this date will	suant to 605 not be list	5.0207 ted as t
e record specifies a delayed effer d is filed.	ctive date, but no	ot an effectiv	ve time, at 1	2:01 a.m. on	the earlier of	(b) The 90	th day afte	er the
Dated August 23		2023	·					
Jaleu Magan 25								
Jaieu ragas. 23	J	<del>Q</del>						
Dateu Magasi 23	Signature of a	a member or a	iuthorized rep	oresentative of	a member			

Filing Fee: \$25.00