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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

\*\*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 SIE GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIE GROUP LLC (Name of the Limit	ted Liability Compa	nv as it now appears on our records.) lability Company)	
\ <u>\</u>	(A Florida Limited I	iability Company)	
The Articles of Organization for this Limited L Florida document number L23000290612	iability Company	were filed on <u>06/15/2023</u>	and assigned
This amendment is submitted to amend the foli	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Parts 1514 LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3195 NW 107th Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Suite 400-E5	
		Doral, FL, 33172	
		3105 NW 107th Avenue	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Suite 400-E5	
		Doral, FL. 33172	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:		
New Registered Office Address:	3105 NW 107	h Avenue. Suite 400-E5	024
		Enter Florida street address	
	Doral	Flor	ida 33172
		City	Zip Code CO
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the projection accept the obligations of my position as region filed to merely reflect a change in the company has been notified in writing of this	per and complete pistered agent as pregistered office	provided for in Chapter 605, F	S. Or, if this document is
		licardo Da Silva	
	if Cha	nging 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

Title	<u>Name</u>	Address	Type of Action
AMBR	RICARDO MANUEL DA SILVA DE SOUSA	3105 NW 107th Avenue.	
		Suite 400-E5	[] Kentove
		Doral, FL, 33172	= Change
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			□ Change
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ffecti	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
recon	ed.
recon I is tii	
l is tīj	08/03/2024
l is tīj	08/03/2024 , 2024
l is tīj	
l is tīj	Nicardo Da Silva Signature of a member or authorized representative of a member