

L23000465745

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACOSTA ESTEVEZ PROFESSIONAL SERVICES
Account Number : I20230000138
Phone : (305)592-5240
Fax Number : (305)592-5535

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

Email Address: acostaesteveracct@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLUBSALES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

L23000465775

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLUBSALES 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:

FERNANDO SABINA

Name of Person

ACOSTA ESTEVEZ

Firm/Company

7500 NW 25TH ST STE 111

Address

MIAMI, FL 33122

City/State and Zip Code

acostaestevezacct@gmail.com

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

For further information concerning this matter, please call:

FERNANDO SABINA

305 592-5240

at (_____) _____

Name of Person

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

L23000465745

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

CLUBSALES 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 10/09/2023 and assigned
Florida document number L23000465745.

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:

4961 SW 75TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33155

Enter new mailing address, if applicable:

4961 SW 75TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33155

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:

ACOSTA ESTEVEZ PROFESSIONAL SERVICES CORP.

New Registered Office Address:

7500 NW 25TH ST STE 111

Enter Florida street address

MIAMI

Florida 33122

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>
AMBR	SANDOR J SANTOS	16801 NW 72ND AVE	<input type="checkbox"/> Add
		HIIALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SANCAS GROUP INC	4961 SW 75TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 26, 2023

Submits

Signature of a member or authorized representative of a member

SANCAS GROUP INC

Typed or printed name of signee

Filing Fee: \$25.00