L24000088054

H24000284900 3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H24000284900 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)617-6381

From:
Account Name : MORISON TAX TEAM LLC
Account Number : I20100000037
Phone : (786)787-3436
Fax Number : (786)513-5977

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

Email Address: _____

FILED
2024 AUG 26 AM 11:59
SEC

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

D ANGELES TB LLC

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

RECEIVED
2024 AUG 27 AM 11:37
SEC

T. LEMIEUX
AUG 27 2024

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

H240002849003

TO: Registration Section
Division of Corporations

SUBJECT: D ANGELES TB 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:

JESUS LEON
Name of Person

SACONSA GROUP LLC
Firm/Company

3625 NW 82 Avenue Suite 100-K
Address

DORAL, FL 33166
City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON at (786) 7572436
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H240002849003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240002849003

D ANGELES TB 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 02/19/2024 and assigned Florida document number L24000089054.

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:
(Principal office address MUST BE A STREET ADDRESS)

6200 Metrowest Blvd
Suite 201.
Orlando Fl 32835

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6200 Metrowest Blvd
Suite 201.
Orlando Fl 32835

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: _____

New Registered Office Address: _____
(Enter Florida street address)

_____, Florida _____
City *Zip Code*

FILED
2024 AUG 26 AM 11:59

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

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

H240002849003

Title	Name	Address	Type of Action
AMBR	Morejon Mora , Randy O	6200 Metrowest Blvd	■ Add
		Suite 201	☐ Remove
		Orlando Fl 32835	☐ Change
AMBR	PERNIA Hernandez, BELKIS D	6200 Metrowest Blvd	☐ Add
		Suite 201	☐ Remove
		Orlando Fl 32835	■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

H240002849003

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

H240002849003

E. 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 s. 617.0207, F.S.(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 AUGUST 14 . 2024

Signature of a member or authorized representative of a member

BELKIS D PERNIA HERNANDEZ

Typed or printed name of signee

Filing Fee: $25.00

H240002849003