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COVER LETTER

TO:

Tallahassee, FL 32314

C/IP			
UI:	Name of Lim	ited Liability Company	
osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		_	
	VICTORIA MORAES		
		Name of Person	
	ASSELFIS INTERNATIO	NAL LLC	
		Firm/Company	
	7550 FUTURES DRIVE S	SUITE 202	
		Address	
	ORLANDO FL 32819		
	E-mail address: ()	to be used for future annual report no	ification)
ner information co	oncerning this matter, please ca	all:	
RIA MORAES		407 617-7831	
Name of	Person		ne Telephone Number
d is a check for th	e following amount:		
.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)
Registration S	ection	Street Address: Registration Se	
Division of Co P.O. Box 632		Division of Co The Centre of	-
	osed Articles of Acturn all correspondence information contains a check for the containing free Mailing Address Registration S Division of Containing Fee	Name of Lim osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter VICTORIA MORAES ASSELFIS INTERNATION 7550 FUTURES DRIVE S ORLANDO FL 32819 VICTORIA@ASSELFIS.CO E-mail address: (ner information concerning this matter, please concerning this matter.	SASO COMPLETE SOLUTIONS LLC SASO COMPLETE SOLUTIONS LLC That is a check for the following amount: Name of Corporations SASO COMPLETE SOLUTIONS LLC Name of Limited Liability Company OSE Articles of Amendment and fee(s) are submitted for filling. Puttern all correspondence concerning this matter to the following: VICTORIA MORAES Name of Person ASSELFIS INTERNATIONAL LLC Firm/Company 7550 FUTURES DRIVE SUITE 202 Address ORLANDO FL 32819 City/State and Zip Code VICTORIA@ASSELFIS.COM E-mail address: (to be used for future annual report not per information concerning this matter, please call: RIA MORAES Name of Person Area Code 1 617-7831 Area Code Opayir Area Code Since & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Nivision of Corporations Name of Corporations City/State and Zip Code VICTORIA@ASSELFIS.COM E-mail address: (to be used for future annual report not per information concerning this matter, please call: Registration Section Registration Section Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	and assigned
The Articles of Organization for this Limited Li	ability Company	were filed on	and assigned
Florida document number	·		401
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	·
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	16831 EASTHAMPSTEAD RD	
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		APT 104	
	_	WINTER GARDEN FL 34787	
Enter new mailing address, if applicable:		16831 EASTHAMPSTEAD RD	
(Mailing address MAY BE A POST OFFICE)	BOX)	APT 104	
		WINTER GARDEN FL 34787	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	s here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent.	7550 171 1111 1111	e ddive ere 202	
New Registered Office Address:	7330 FOT UKE	S DRIVE STE 202 Enter Florida street address	
	ORLANDO	, Florida	32819
		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 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>	Type of Action
AMBR	SANTOS DE SOUZA, JULIANA	16831 EASTHAMPSTEAD RD	□Add
		АРГ 104	□Remove
		WINTER GARDEN FL 34787	
AMBR	REIS, BREMEN	16831 EASTHAMPSTEAD RD	
		ΑΡΓ 104	□Remove
		WINTER GARDEN FL 34787	
			□Remove
		Change	
			Remove
			□Change
			□Add
			□Remove
			Change
			🗖 Add
			□ Remove

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	the date of filing:	ot be prior to date of fil	ing or more than 90 days a ory filing requirements.	eptional) after filing.) Pursuant to 605.	0207 d as
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ffective date, if other than an effective date is listed, the date of inserted in this ocument's effective date on the record specifies a delayed effective date. DECEMBER 04	ne Department of State's ective date, but not an ef	records. fective time, at 12:0	I a.m. on the earlier of		the
ote: If the date inserted in this ocument's effective date on the record specifies a delayed effective distribution in this section is tiled.	ective date, but not an ef	records. fective time, at 12:0			the