

L24000191387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

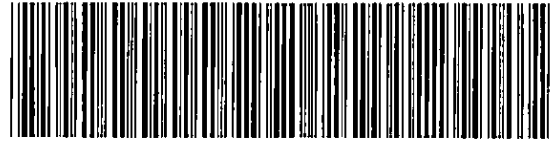
(Document Number)

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JAN 29 2025

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2024 DEC 11 PM 1:32  
ESTATE  
1/20/25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SASO COMPLETE SOLUTIONS 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:

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 notification)

For further information concerning this matter, please call:

VICTORIA MORAES

407 617-7831  
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

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

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2024 DEC 11 PM 1:32  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned \_\_\_\_\_

Florida document number \_\_\_\_\_.

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)**

16831 EASTHAMPSTEAD RD

APT 104

WINTER GARDEN FL 34787

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16831 EASTHAMPSTEAD RD

APT 104

WINTER GARDEN FL 34787

**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: ASSELFIS INTERNATIONAL LLC

New Registered Office Address: 7550 FUTURES DRIVE STE 202

Enter Florida street address

ORLANDO

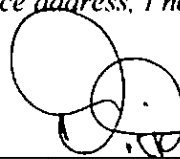
Florida 32819

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANTOS DE SOUZA, JULIANA	16831 EASTHAMPSTEAD RD	<input type="checkbox"/> Add
		APT 104	<input type="checkbox"/> Remove
		WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Change
AMBR	REIS, BREMEN	16831 EASTHAMPSTEAD RD	<input checked="" type="checkbox"/> Add
		APT 104	<input type="checkbox"/> Remove
		WINTER GARDEN FL 34787	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove

[illegible]

**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.

Dated DECEMBER 04 2024

JULIANA SANTOS DE SOUZA

Typed or printed name of signee