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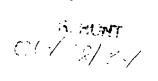
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations Sazar FP Investment LLC SUBJECT: 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: Efraim Saragovia Name of Person Sazar FP Investment LLC Firm/Company 4651 Sheridan Street Suite 302 Address Hollywood FL 33021 City/State and Zip Code saragovia@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Efraim Saragovia 588-6643 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations 1 P.O. Box 6327 The Centre of Tallahassee, Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sazar FP Investment LLC	
(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	were filed on 06-10-2024
Florida document number 1.24000263774	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here-
	no company nere.
The new name must be distinguishable and comain the words "Limited Limbilit	v Company "the designation "LLC" or the abbunishing of LC"
	y sompany the designation (E.C.C.)
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	. W
	Cu
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new registers
gent and/or the new registered office address here:	the new registere
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
	Florida Zin Code
	S O I COMP

## 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

Title	<u>Name</u>	Address	Type of Action
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ocument's effective date	on the Departmen	it of State's record	is.		•	
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record specifics a delayer is filed.	renective date, bt	it not an effective	time, at 12:01 a.	m, on the earlier of:	(b) The 90th	i day after the
lun.: 27		202.				
June 27 ated		2024	-			
		<i>I</i> ''	1			

Filing Fee: \$25.00

Typed or printed name of signee