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## **COVER LETTER**

TO: Registration 8 Division of Co						
Sazat FP I SUBJECT:	nvestments LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Efraim Saragovia					
		Name of Person				
	Sazar FP Investments LLC					
		Fum/Company				
	4651 Sheridan Street Suite	: 302		gen."	•	
	<del></del>	Address				
	Hollywood FL 33021					
	saragovia@aol.com	City/State and Zip Code		-9 KM :ARY OF :AHASSEE	) ~	
		to be used for future annual re	eport notification)	SE S C	<u> </u>	
For further information	concerning this matter, please c	all:		TATE	AM 0: 1.0	
Efraim Saragovia			5643	•••		
Name	of Person	at () Area Code	Daytime Telephone Number	<del></del>		
Enciosed is a check for	the following amount:					
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is cocle	Certificat (Sed) Certified	te of Status &		
Mailing Addre Registration Division of 0 P.O. Box 63	Section Corporations	Division	dress: tion Section of Corporations tre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sazar FP Investments LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	)
he Articles of Organization for this Limited Liability Compa	ny were filed on 06-10-2024	and assigned
orida document number L24000263774		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
e new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
iter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
		<b>?</b> ?
ter new mailing address, if applicable:		<u> </u>
ailing address MAY BE A POST OFFICE BOX)		in the second
		<u> </u>
		SSS A
If amending the registered agent and/or registered officent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	
and and/or the new registered office address here:		8: 4 8: 4
		7. 11.E 6.1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	Cuy	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>	Name	Address	Type of Action
AMBR	The Zaragovia Family Trust	4651 Sheridan Street Suite 302 Hollywood F1, 33021	l <b>≡</b> Add
			□Remove
			©Change
AMBR	Angelo Zaragovia Family Trust	4651 Sheridan Street Suite 302 Hollywood FL 33021	I ⊒Add
			≣Remove
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Mective date, if other than an effective date is listed, the date ote: If the date inserted in the occurrent's effective date on the record specifies a delayed effective delayed.	te must be specifi his block does : the Department	ic and connot b not meet the t of State's re	cords.	7	ar ements, this	date will flot	oe ustea :	as the
ecord specifies a delayed efficient is filed.	tutte, Du	ana an eliec	uve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th da	y after the	e
July 08		2024		_				
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Efraim Saragovia	Signiture o	ot å member o	nuthorized repr	esentative of a n	ember	<u> </u>		
	·······	Typed or	printed name of	Signee	·—		_	
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