

L24000270618

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC
Account Number : 120190000101
Phone : (305)904-7224
Fax Number : (305)513-5827

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

Email Address: happytaxmultiservice@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAGA CONSULTING & MARKETING LLC**

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K. SALY

SEP 19 2024

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAGA CONSULTING AND MARKETING LLC

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

H240002195933
FILED
2024 SEP 19 AM 4:06
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/13/2024 and assigned
Florida document number L240002195933

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JUAN SEBASTIAN TORRES CARDENAS

New Registered Office Address:

2950 W CYPRESS CREEK RD STE 101

Enter Florida street address

FT LAUDERDALE

Florida 33309

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.

Juan Sebastian Torres Cardenas

If Changing Registered Agent, Signature of New Registered Agent

H240002195933

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>
MBR	Genyerberth H Bultrago	1331 NW 18TH DR	☒ Add
		POMPANO BEACH, FL 33069	☒ Remove
			☐ Change
MBR	DANNA ZHARICK VEGA	943 NW 97TH AVE APT 204	☒ Add
		MIAMI, FL 33172	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
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H24000314595.

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

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SEP 19 1960
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F. 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 605.0207 (3)(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 SEPTEMBER 19 2024

Juan Sebastian Torres Cardenas
Signature of a member or authorized representative of a member

JUAN S TORRES

Typed or printed name of signee