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Dec \$3, 2024 \$3:13 (UTC-05)

Division of Consentions

Rorida Repartification of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1124000410560/3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC

Account Number : I20190000101 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: | |
|-------|----------|--|
| | | |

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Help

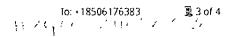
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAGA CONSULTING AND MARKETING LLC | |
|---|--|
| (Name of the Limited Liability Company as It now appears of (A Florida Limited Liability Company) | ou sat tecordr) |
| The Articles of Organization for this Limited Liability Company were filed on | V13/2024 and assigned |
| 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 design | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | . 224 |
| | |
| Enter now mailing address if annihables | |
| | |
| (Mailing address MAY BE A POST OFFICE BOX) | .: 0 |
| | :- 💢 |
| B. If amending the registered agent and/or registered office address on our recongent and/or the new registered office address here: | ords, enter the name of the new-register |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Flortda | street address |
| | . Fiorida |
| City | Zip Code |
| New Registered Azent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my | oucity. I further agree to comply with the |

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 heing 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

MAN CONCENTED



May 26 91 51 3

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 | Name | <u>∆ddress</u> | Type of Action |
|-------|------------------------------|-------------------------|----------------|
| MGR | Andres F Mercado | 872 HARBOUR INN TERRACE | DAdd |
| | | CORAL SPRING, FL, 33071 | ■ Remove |
| | | | () Change |
| MBR | Andres Fernando Mercado Vera | 872 HARBOR INN TERRACE | |
| | | CORAL SPRINGS, FL 33071 | □Remove |
| | | | Change |
| | | | DAdd |
| | | | ⊡Кеточе |
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| if an effectiv Note: If th | date, if other than the date of filing: |
| e record spord is filled. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | DECEMBER 05 2024 |
| | juan sebastian torres cardenas |
| | ▼ |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00

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