

L20000394195

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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.

((H22000411745 3)))



H220004117453ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TU OFICINA EN USA LLC
Account Number : I20220000184
Phone : (239)494-0057
Fax Number : (239)913-6599

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

Email Address: tuoficinaenusa@gmail.com

2022 DEC - 7 AM 11:27

FILED
CLERK OF COURT
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TU CERAMICA LA FUERTE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 08 2022
A. LUNT

2022 DEC 11 11:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TU CERAMICA LA FUERTE LLC
Name of Limited Liability Company

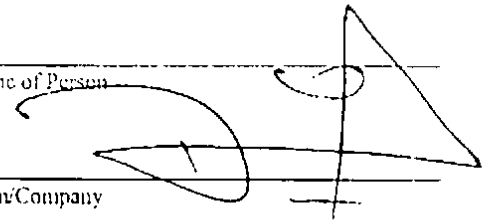
The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID NOHRA ZAKIA

Name of Person

Firm/Company



28719 ALESSANDRIA CIRCLE

Address

BONITA SPRINGS, FLORIDA, ZIP CODE 34135

City/State and Zip Code

tuoficinaentusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NOHRA ZAKIA at (239) 49400257
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

2022 DEC -7 AM 11:27

TU CERAMICA LA FUERTE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/17/2020 and assigned Florida document number 120000394195

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: 3151 NORTH BAY VILLAGE CT SUITE 200 BONITA SPRINGS, FLORIDA, ZIP CODE 34135

Enter new mailing address, if applicable: 3151 NORTH BAY VILLAGE CT SUITE 200 BONITA SPRINGS, FLORIDA, ZIP CODE 34135

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: TU OFICINA EN USA LLC

New Registered Office Address: 28719 ALESSANDRIA CIRCLE

Enter Florida street address

BONITA SPRINGS Florida 34135 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 695, 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.

[Handwritten signature]

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	Rachid Tabet Abou Said	28715 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wael Tabet Abou Said	28715 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
CLERK OF SUPERIOR COURT
DIVISION OF PROFESSIONAL REGULATION
2022 DEC -7 AM 11:27

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

Lined area for amending information.

E. Effective date, if other than the date of filing: 12/05/2022 (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 DECEMBER 05 2022

Signature of a member or authorized representative of a member

DAVID NOHRA ZAKIA

Typed or printed name of signer