

# L22000317215

## 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.

((H22000434154 3))



H220004341543ABCZ

**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

2022 DEC 27 AM 11:27  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*\*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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANTOUN GLOBAL IMPORT LLC

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

DEC 28 2022  
A. LUNT

15:41:51  
2022 Dec 27



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 DEC 27 AM 11:27

ANTOUN GLOBAL IMPORT 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 07/18/2022 and assigned Florida document number 1.22000317215

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:

3181 NORTH BAY VILLAGE CT SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

BONITA SPRINGS FLORIDA ZIP CODE 34135

Enter new mailing address, if applicable:

3181 NORTH BAY VILLAGE CT SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

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:

28715 ALESSANDRIA CIRCLE

Enter Florida street address

BONITA SPRINGS

City

Florida

34135

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.

[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	ISABEL ANTOUN	28719 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS FLORIDA ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICHARD ANTOUN	28719 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS FLORIDA ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID NOHRA ZAKIA	28719 ALESSANDRIA CIRCLE	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS FLORIDA ZIP CODE 34135	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF CALIFORNIA  
DEPARTMENT OF CORPORATIONS  
2022 DEC 27 AM 11:27

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 12/27/2022 (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 27 2022

Signature of a member or authorized representative of a member

DAVID NOHRA ZAKIA

Typed or printed name of signer