

17/8/22, 15:57

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000348213

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(((H22000279214 3)))



H220002792143ABC\$

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

From: Account Name : DAVID NOHRA ZAKIA  
 Account Number : I20220000125  
 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:  davidnohra15@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 RECIMET LLC**

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

2022 AUG 17 AM 8:41  
 DEPT OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED

2022 AUG 17 14:37

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AUG 18 2022  
 C. Brumbley

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RECIMET 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:

DAVIDNOHRA ZAKIA

\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company

28715 ALESSANDRIA CIRCLE

\_\_\_\_\_  
Address

BONITA SPRINGS, FLORIDA, ZIP CODE 34135

\_\_\_\_\_  
City/State and Zip Code

tuoficinaenusa@gmail.com

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

For further information concerning this matter, please call:

DAVID NOHRA ZAKIA

239 4940057

at ( )

\_\_\_\_\_  
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

RECIMET 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 08/08/2022 and assigned Florida document number L22000348213

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Ap Code

APPROVED AND FILED 2022 AUG 17 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID NOHRA ZAKIA	28715 ALESSANDRIA CIRCLE BONITA SPRINGS	<input type="checkbox"/> Add
		FLORIDA, ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIO A, GIAMBRA	28715 ALESSANDRIA CIRCLE BONITA SPRINGS	<input checked="" type="checkbox"/> Add
		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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

