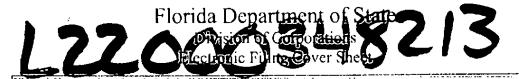
17/8/22, 15:57

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA Account Number : I20220000125 : (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.

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Registration Section

TO:

COVER LETTER

Division of Corp	porations	·	
RECIMET L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DAVIDNOHRA ZAKIA	N	
		Name of Person	
	~	-	
		Firn/Company	·
	28715 ALESSANDRIA C	IRCLE	
		Address	
	BONITA SPRINGS, FLO		
	tuoficinaenusa@gmail.com	City/State and Zip Code	
		to be used for future annual report notificatio	n)
For further information co	ncerning this matter, please c	all:	
DAVID NOHRA ZAKIA		239 4940057	
Name of	Person	at ()	phone Number
Enclosed is a check for the	c following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	:	Street Address:	
Registration S	ection	Registration Section	
Division of Co P.O. Box 6327	•	Division of Corpora The Centre of Tallal	
Tallahassee, F		2415 N. Monroe Str	
		Tallahassee, FL 323	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 assigne Florida document number 1.22000348213 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:
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:
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:
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:
Enter new principal offices address, if applicable:
(n) I to a li Miler ne l'express (NDDECC)
(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 regagent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Gity 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DAVID NOHRA ZAKIA	28715 ALESSANDRIA CIRCLE BONITA SPRING	S _□Add
		FLORIDA, ZIP CODE 34135	_ =Remove
			[]Change
AMBR	MARIO A, GIAMBRA	28715 ALESSANDRIA CIRCLE BONITA SPRING	S ■Add
		FLORIDA, ZIP CODE 34135	_ □Remove
			_ Change
			_ 🗆 Add
			_ 🗆 Remove
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Effect	ive date, if other than the date of filing: (optional) (accepted 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
fan ef Note:	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
e reco	rd 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 led.
rd is f	
rd is f	AUGUST 17 2022

Filing Fee: \$25.00

Typed or printed name of signee