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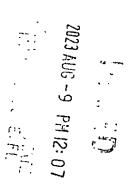
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COVER LETTER

Registration Section
Division of Corporations

TO:

FORZA- SUBJECT:	BROKERS L.L.C.		
30000001.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	RICARDO RUIZ		
		Name of Person	
	FORZA-BROKERS L.L.C		
		Firm/Company	
	11381 NW 52 STREET		
		Address	
	DORAL FLORIDA 33178	1	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	INFO@FORZA-BROKER		
	E-mail address: (to be used for future annual report not	ification)
For further information	n concerning this matter, please c	all:	
RICARDO RUIZ		305 870 3441	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORZA-BROKERS L.L.C. (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 $\frac{4/21/2023}{1}$ Florida document number L23000198317 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 City

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREA ZUBIATE	13160 SW 64TH TERRACEMIAMI, FL 33183	□Add
			= Remove
			□Change
			□Add
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			□Add
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an effective date; it office than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depa	tte of filing:	o 605.0207 (. e listed as tl
record specifies a delayed effective date is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ated MAY 8	2023	
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Sig	padure of a member or authorized representative of a member	

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