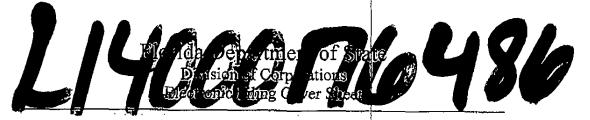
Division of Corporations

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(((H150002282303)))



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SUBJ	ZORAIDA	INVESTMENTS LLC				
3000	BO1	Name of Lin	mited Liability Company			,
The en	iclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.			
Please	return all correspo	ndence concerning this matte	r to the following:			
		MARIA Z CARDENAS-	CONEJO			
			Name of Person			
		ZORAIDA INVESTMEN	TS LLC			
			Firm/Company			
		11866 PADUA LN		}		
			Address			
		ORLANDO FL 32827		7	2015 SEC	
			City/State and Zip Code	}	AR SE	77
		E-mail address:	(to be used for future annual report not	fication)		m
Por flu	ther information co	oncerning this matter, please o	call:			
MARI	Λ Z CARDENAS-	CONEIO	321 446-3239		ORIDE ORIDE	
	Name of	Person		e Telephone Number	⊳ w	
Enclos	cd is a check for th	e following amount:				
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is euclosed)	Certified	e of Status &	
	MAILI	NG ADDRESS:	STREET/COUR	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT H150002282303 TO ARTICLES OF ORGANIZATION

ZORAIDA INVESTMENTS LLC	}		
(Name of the Limited Llability Compan (A Florida Limited Li	y as it new appears of ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company	vere filed on 11/13	/2014	and assigned
Florida document number L14000176486	ļ		,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	mation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u></u>	<u> </u>
		LA	
Enter new mailing address, if applicable:		HA.	A A
(Mailing address MAY BE A POST OFFICE BOX)		S)	-< N.\ ₽
			FI ST
		LOR	
B. If amending the registered agent and/or registered off		ur records, entr	r the name of the new
registered agent and/or the new registered office address here:			W
Name of Name Washington	1		
Name of New Registered Agent:		 _	
New Registered Office Address:			
	Enter Florida	street address	
		, Florida _	Zip Code
	City		Lift Code
New Registered Agent's Signature! if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of m ovided for in Cha	oduties, and I am upter 605, F.S. O	familiar with and r, if this document is
			,
If Chang	ing Registered Agend	, Signature of New 1	Registered Agent

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H150002282303 MGR = Manager AMBR = Authorized Member Title Name. <u>Address</u> Type of Action **AMBR** LUZ ANGELICA CORRALES 1186 DARNABY WAY ORLANDO FL 32824 Remove □ Change AMBR CESAR A. SALAS ABREU 13574 VILLAGE PARK DR bbA □_ SUITE 135 Remove ORLANDO FL 32837 ☐ Change □ Add ☐ Remove Change ▶ Remove ₽ ∏, Change □ Add □ Remove □ Change bbA □_ □ Remove ☐ Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing of the fifth date inserted in this block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.0 iling requirements, this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective he goth day after the record is filed.	e time, at 12:01 a.m. on the earlie
/A	`.
sed SEPTEMBER 22	
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Fignature of a member or authorized representa	five of a member
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MARIA Z CARDENAS GONEJO Typed or printed name of signer	

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