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COVER LETTER

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TO:

Registration Section

Tallahassee, FL 32314

Division of C	Corporations					
SUBJECT:	YUZADA INVESTMEN	YUZADA INVESTMENT, LLC.				
30B/LC1.	Name of Lim	Name of Limited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
		PERCEG. EID ROMERO				
		Name of Person				
	YUZADA INVESTMENT, LLC.					
	Firm/Company					
	3050 SANDY LN					
		Address	 			
		NAPLES, FL. 34112				
	NADE PROPERTY	City/State and Zip Code				
		TCIOSHISPANOS@HOTMAIL.Co to be used for future annual report notif				
For further information	on concerning this matter, please c	all:				
PERCLG, EID ROM	MERO	239 537-7321				
Nan	ne of Person	at () 537-7321 Area Code Daytime	: Telephone Number			
Enclosed is a check for	or 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)			
	AILING ADDRESS: gistration Section	STREET/COURI Registration Section				
Div	rision of Corporations D. Box 6327	Division of Corpora Clitton Building				

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	YUZADA INV	ESTMENT, LLC.	
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited	iny as it now appears on or Liability Company)	r record <u>s.</u>)
The Articles of Organization for this Limited Library Control of C	iability Company	were filed onJUNE	14, 2017 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name σ</u>	f the limited liab	ility company here:	
-0-			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	
Enter new principal offices address, if applic	able:	-0-	
Principal office address MUST BE A STREE	T ADDRESS)		
			1000年
Enter new mailing address, if applicable:		-0-	
Mailing address MAY BE A POST OFFICE	BOX)		
"			
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the i
Name of New Registered Agent:	-0-		
New Registered Office Address:	-0-		
		Enter Florida stre	vet address
	-0-		, Florida
		City	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.

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>	Type of Action
AMBR	ZAYED EID FRANCO	3050 SANDY LN. NAPLES, FL. 34112	
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Filing Fee: \$25.00