

L19 000082239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

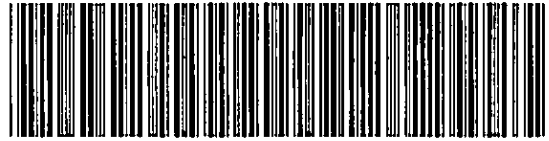
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

3/21/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMZA COMMODITIES 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:

Francisco E Centeno

Name of Person

OTR GROUP CORPORATION - Tax Firm

Firm/Company

15757 Pines Blvd Unit 251

Address

Hollywood FL 33027

City/State and Zip Code

FC@accountingtaxgroup.com

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

For further information concerning this matter, please call:

Francisco E Centeno

954 394-2984

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 JAN 21 PM 6:17

CAMZA COMMODITIES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on ~~01/15/2021~~ 3/25/19 and assigned Florida document number L19000082239.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LENCAR GROUP LLC

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:

1110 Brickell Avenue

(Principal office address MUST BE A STREET ADDRESS)

Suite 430

Miami FL 33131

Enter new mailing address, if applicable:

1110 Brickell Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Suite 430

Miami FL 33131

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:

ZAPATA, CARLOS A

New Registered Office Address:

1110 Brickell Avenue Suite 430

Enter Florida street address

Miami

City

Florida 33131

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>	<u>Type of Action</u>
P	CAMPOS, JORGE	PEDREGAL 1 CALLE ALGARIB	<input type="checkbox"/> Add
		BARQUISIMETO 3001 VE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZAPATA, CARLOS A	1110 Brickell Avenue	<input type="checkbox"/> Add
		Suite 430	<input type="checkbox"/> Remove
		Miami FL 33131	<input checked="" type="checkbox"/> Change
MGR	HON, LENING R	1110 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 430	<input type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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