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COVER LETTER

то:	Registration Sec Division of Corp			
ena in	ZULICARO	SA LLC		
SUBJE	l.1:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		MIGUEL A BERNAL		
			Name of Person	
		ZULICARGA LLC		
Firm/Company				
		15020 EMBER SPRINGS	CIR APT 4213	
			Address	
		ORLANDO FL 32821		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		miberne2@hotmail.com		
		E-mail address: (t	to be used for future annual report notif	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
MIGUE	IL A BERNAL		786 547-6468	
	Name of	Person	at ()	Telephone Number
Enclosed	f is a check for the	e following amount:		
■ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.06 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**

ZULICARGA LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000098133</u> .	were filed on 04/09/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." 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 or registered agent and/or the new registered office address her	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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
VP	ERICK M. RAMOS	15030 EMBER SPRINGS CIR APT 3311	
	-	ORLANDO, FL 32821	
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			Change
			Add
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ffective date, if other than the data of effective date is listed, the date must be some of the date inserted in this blocklocument's effective date on the Department.	k does not meet the appli	cable statutory filing	(optional) re than 90 days after filing, requirements, this date) Pursuant to 605.0207 will not be listed as
e record specifies a delayed e The 90th day after the recor		ot an effective tir	me, at 12:01 a.m.	on the earlier of
OCTOBER, 4	2019			
ated OCTOBER, 4	2019	·		
ated	2019 gnature of a member or auti	·		

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Filing Fee: \$25.00