

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of S	Status
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COVER LETTER

TO: Registration Se Division of Cor	porations					
SUBJECT: Debt Advisorz Zmart 11C Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are submitted for filing.					
Please return all correspo	indence concerning this matter to the following:					
	Mateo Colamarco Name of Person					
	Name of Person					
	Debt Advi Sorz Zmant 11C					
	Firm/Company					
	Address Lake mary FL 32746 City/State and Zip Code Debtadvisors mart @ gmail, com E-mail address: (to be used for future annual report notification)					
	Address					
	Lake mary FL 32176					
	City/State and Zip Code					
	lebtadvisor smart (gmail, co					
	oncerning this matter, please call:					
Mateo	f Person at (321) 356 - 940 3 Area Code Daytime Telephone Number					
Name o	f Person Area Code Daytime Telephone Number	_				
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee &	Status &				

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S. 26
(Name of the Limited Liability Com	Visorz Zmart IIC S 3 7 7 pany as it now appears on our records.)
(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 19000 2221 8 9</u> . This amendment is submitted to amend the following:	ny were filed on \\(\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
•	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	Goo se Villandry Way Port St lucie FZ 34984
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same as Principal
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	Mateo Pascalino Colamanco
New Registered Office Address:	Mateo Pascalino Colamanco Soo se Villandry Way Enter Florida street address
Port	
	Life Am 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>	Address	Type of Action
MGR	Mateo Pascalino Cola	Port St Lucie FL	Y Way TEAdd
		Port St Lucie FL	<u>34984</u>
		-	□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			П <i>С</i> !

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I ve already Amended the
	name on the 110 We Just need
	Articles of Organization Amended
	to Mateo Colamarco Tranks
	-10 MARCO COTAVIATO, - MANAS
	tive date, if other than the date of filing: 3 - 16 - 2023 (ontional)
	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locur	nent's effective date on the Department of State's records.
FCCO	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is f	
Dated	3/15/23
	M/M_{\odot}
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Mateo Pascalino Columanco
	1000

Filing Fee: \$25.00