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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
		
Special Instructions to	Filing Officer:	





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· COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Tore Web Prus	s, LLC	
3003EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sebastian	Zabala Patino	
		Name of Person	
		Firm/Company	
	4847 Vict	oria Circle	
		Address	
	West Palm	Beach, FL 3	33404
	SZabalu 1	Beach, FL 3 City/State and Zip Code 300 gmail, Com	
		to be used for future annual report notifi	
For further information co	ncerning this matter, please ca	all:	
Sebustian Zaba	la Patino	561 568-	1054
Name of		$\frac{1}{\text{Area Code}} \frac{568}{\text{Daytime}}$	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)
<u>Mailing Address</u> Registration Se		Street Address: Registration Sect	tion

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

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

Core Web Prus, L	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 2 0000044725</u> .	by were filed on $02/07/2020$ and assigned
his amendment is submitted to amend the following:	
a. If amending name, <u>enter the new name of the limited lia</u> Zabala Ventures LLC	ability company here:
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbrevia **L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	CRETA
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	9 HO: 16
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new regist
Name of these registered regent.	
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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			SICRETALL AND Add
			21 AUG Add ALL AND Add ARemove 10: 6 Change
			□Add
			□Remove
			□Change
		······	□ Add
			□Remove
			
			□Add
			□Remove
			□ Change

Page 2 of 3

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