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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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Y. SCOTT APR 1 6 2022

COVER LETTER

TO:

Registration Section

Division of Cor	rporations	·				
NICAZUE	LA LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	RITA D HERRERA FLOI	RES				
		Name of Person		-		
	NICAZUELA LLC					
		Firm/Company	·	-		
	1042 W 30 ST			MI JOEC	2022 t	
		Address			ήR	1
	HIALEAH, FL 33012				2022 MAR 31 PM 2: 3	
		City/State and Zip Code		SEE.	Н	€ 4 € 4
	gerardoavp23@gmail.com	to be used for future annual report notif	ication)	STA	.; .;	****
For further information of	concerning this matter, please co	•	icanony	ं ली	7	
RITA D HERRERA FL	ORES	786 8170425				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stat		
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 8	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NICAZUELA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
(
he Articles of Organization for this Limited Liability Company	were filed on 08/05/2020	and assigned
lorida document number L20000234957		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ICAZUELA MULTISERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 S.E.
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	SEP PH
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		37 TE
. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the</u>	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	TO 10	la.
	, Florid	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>	Address	Type of Action
			
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Filing Fee: \$25.00