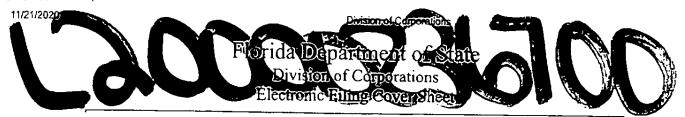
.0



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000402482 3)))



H200004024823ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

~		

Division of Corporations

Fax Number : (850)617-6383

### From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736 Fax Number : (305)646-1527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emai	1	844		
tmax	1	Ada	ress	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZAGA GOMEZ, LLC

RIVHTE NOV 24 202

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 70000 23 00 9:40

ZA	AGA GOMEZ, LLC	
( <u>Name of the Limited Liability</u> (A Florida 1	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number L20000236700	ompany were filed on	220 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our record	ls, <u>enter the name of the new regist</u> e
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	<u> </u>	, 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.

p.3

## 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
AP	KEVIN S. GOMEZ	3152 N.W. 61 STREET	
			≡Remove
		MIAMI, FL. 33142	Change
MGR	KEVIN S. GOMEZ	3152 N.W. 61 STREET	<b>⊟</b> Add
			□Remove
		MIAMI, FL. 33142	☐ Change
		·	□ Add
			□Remove
			□Change
<del></del>			□ Add
			🗆 Remove
			□ Change
			□Add
			Change
			□ Λdd
ah			□Remove
			□Change

		<del></del>
•		
•		
-		<del></del>
-		<del></del>
-		
Effect	ive date, if other than the date of filing: (optional)	
II an ci: Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant to 605.0207 (
docun	pent's effective date on the Department of State's records.	nii not de fisted as t
e recor	d 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
rd is fi	led.	·
	NOVEMBER 21 A 2020 A	
Dated		

Typed or printed name of signee