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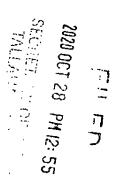
(Requestor's Name)					
(Address)					
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(Document Number)	-				
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LH. 12/05/20

COVER LETTEE

TO:

Registration Section Division of Corporations

ZOJA INTERNATIONAL HOLDING LLC						
SUBJECT:	SUBJECT: Name of Limited 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:				
	JUAN ANDRES RINCON ORTIZ					
	Name of Person					
	ZOJA INTERNATIONAL HOLDING LLC					
	Firm/Company					
	50 MENORES AVE APT	414				
		Address				
	CORAL GABLES, FL 33	134				
		City/State and Zip Code				
	juanrincon@zojaholdings.c		,			
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
JUAN ANDRES RINCON		+57 3102698040)			
Name of Person Area Code Daytime Telephone Number		ne Telephone Number				
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of 1	rporations			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOJA INTERNATIONAL HOLDING LLC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were f	iled on SEPTEMBER 8, 2020	and assigned	
lorida document number L20000279557			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
he new name must be distinguishable and contain the words "Limited Liability Com	group "the designation will C" on the abbus	númica W I C V	
the new name must be distinguishable and contain the words. Elimited Elability Com	pany, the designation LLC of the apope	ylanon L.L.C.	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	17		
		8	
	0		
Inter new mailing address, if applicable:	·. :	i is in	
Mailing address MAY BE A POST OFFICE BOX)		55	
audress MAT BE AT 051 OF FICE BOX			
			
If amending the registered agent and/or registered office address	on our records enter the name o	f the new regi	
gent and/or the new registered office address here:		- · · ·	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		

Ciny

Zip Code

New Registered Agent's Signature, if changing 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
AMBR	OSCAR FERNANDO GODOY	6554 Swissco Dr. apt 521, Orlando FL 32822	
			□ Remove
			□ Change
	——————————————————————————————————————		□Add
			□Remove
			□ Change
			🗀 Add
			□Remove
			☐Change
			□Add
			🗀 Remove
			□Change
			□Add
			🗆 Remove
			🗆 Change
			🗆 🗅 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated OCTOBER 15 Signature of a member or authorized representative of a member JUAN ANDRES RINCON ORTIZ Typed or printed name of signee