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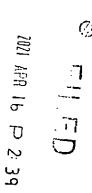
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Special Instructions to Fili	ng Officer:	
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Office Use Only



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S.C.

COVER LETTER

Division of C	Section Corporations		
SUBJECT:	Zara Impo Name of Lin	v + S 2 il. C	
Name of Limited Tability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Fabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt Pabian Zavatt			
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r lease return an corres	spondence concerning this matter	to the following.	
	<u>Fa</u>	bian Zarate Name of Person	
	2a	Firm/Company	<u> C</u>
	<u>Co Co no</u>	Of Creek FL City/State and Zip Code	3306b
	E-mail address:	value 26 @ amgil.	fication)
For further information			
		at ()	
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy
			7021 (3)
			tion PP 1
Division of	Corporations	Division of Cor	porations
			- C4 C[4 = 0.10]
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	lity Company as la Limited Liabil	it now appears on ity Company)	our records.)		
The Articles of Organization for this Limited Liability (Florida document number <u>L2100015050</u> 0		e filed on <u>Mav</u>	Th 31, 2021	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability	company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability C	ompany," the design	nation "LLC" or the abb	reviation "L."	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)		·		
				<u></u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	_				
					.
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	ed office addr	ess on our recor	ds, <u>enter the name</u>	of the new	registeree
New Registered Office Address:				_	
New Registered Office Address.		Enter Florida si	treet address		
			, Florida		<i>C</i> s
		City		Ze Code	
New Registered Agent's Signature, if changing Registere	d Agent:		-	APR	71
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered agreeing filed to merely reflect a change in the registered	complete perf gent as provi ed office addi	ormance of my d ded for in Chap	duties, and I am fa ter 605, F.S. Or, i	ee to compo miliar with f l hi s docum	and nent is
company has been notified in writing of this change.				ω φ	

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
<u>AMO'R</u>	Fabian T. Zarate	2320 NW 37th Ave	t√Add
		Cocomt creek fl. 33066	□Remove
			□Change
			□Add
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			□Change
			□Add
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Signature of a member of authorized representance of a member	