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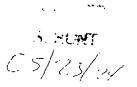
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor					
eno n	ZUGARTO					
SUBJE	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		MAYLER PORRO				
			Name of Person			
		ZUGARTOPIA LLC				
Firm/Company						
	7171 RALEIGH ST					
			Address			
HOLLYWOOD / FLORIDA / 33024				Ţ. 		
			City/State and Zip Code			
		MAYLERPV1328@GMAII				
			o be used for future annual report notific	ation)		
For tur	ther information co	oncerning this matter, please ca	lli:			
MAYLER PORRO Name of Person			786 399-3043			
		f Person	at () Area Code Daytime T	Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)		

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

Street Address: 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

ZUGARTOPIA LLC	~ 		
(Name of the Lim	(A Florida Limited	nny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited I		were filed on 08/23/2021	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
DAMARIS DELICIAS LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7171 RALEIGH ST	•
Principal office address MUST BE A STREE		HOLLYWOOD FLORID	A
		33024	• .
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	*	

 If amending the registered agent and/or agent and/or the new registered office addressed 	registered office : ess here:	address on our records, <u>er</u>	nter the name of the new regist
Name of New Registered Agent:	DAMARIS DE	LGADO BRETO	·
New Registered Office Address:	7171 RALEIGI	+ ST	
		Enter Florida street ac	ldress
	HOLLYWOOD)	, Florida ³³⁰²⁴
		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
MGR	MAYLER PORRO	7171 RALEIGH ST HOLLYWOOD FL 33024	□Add
		-	■Remove
			□Change
MGR	DAMARIS DELGADO BRETO	7171 RALEIGH ST HOLLYWOOD FL 33024	= Add
			□ Remove
			🗆 Change
			□ Remove
			□ Change
		<u>-</u>	
			□Change
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effective date is te: If the date i	other than the d listed, the date must l nserted in this bloo we date on the Dep	late of filing: be specific and cannot bk does not meet t	he applicable stai	f filing or more than utory filing requi	(optional 90 days after filing ements, this date) g.) Pursuant to 605.020 e will not be listed a:
	delayed effective	date, but not an ef	fective time, at 1	2:01 a.m. on the e	arlier of: (b) T	he 90th day after the
cord specifies a filed.	•	1				
05/04/2024						
s med.	M	M O Suu ignajure or kylemõ	7 /	presentative of a mer	mber	

Filing Fee: \$25.00