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2021 DEC 17 PH 3: 02 SECRET NOTES TO

## **COVER LETTER**

Registration Section
Division of Corporations

TÒ:

CZ CAMB SUBJECT:	IOS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHAWILDA VELASQUE	z.Z	
		Name of Person	<del></del>
	CZ CAMBIOS LLC		
		Firm/Company	
	19370 COLLINS AVE 10	14	
		Address	
	SUNNY ISLES BEACH.	FL 33160	
		City/State and Zip Code	
	USTUEMPRESA@GMAII	COM	
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
SHAWILDA VELASQU	JEZ	786 340-0372	
Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CZ CAMBIOS LLC

2021 DEC 17 PH 3: 02

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on ou I Liability Company)	ir feedras.	JEST FT
The Articles of Organization for this Limited Florida document number 1.21000489533	Liability Compan			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
NA				
The new name must be distinguishable and contain the	words "Limited Liah	pility Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		NA		
Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>		
B. If amending the registered agent and/or	registered office	address on our records	s, enter the nam	e of the new regist
ngent and/or the new registered office addr				
Name of New Registered Agent:	NA			
New Registered Office Address;	NA			
		Enter Florida stre	et address	
	NA		, Florida <sup>NA</sup>	
	<del></del> -	Ciry		Zip Code

New Registered Agent's Signature, it 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
AMBR	CARLOS ZAMORA	19370 COLLINS AVE, 1014	<b>≡</b> Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA ————————————————————————————————————	NA	□Add
			□Remove
		<del></del>	□ Change
NA	NA	NA	□Add
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NA	NA	NA	□Add
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be pridees not meet the appl	icable statutory filing re-	(optional) than 90 days after filing.) Pursi quirements, this date will r	uant to 605.0207 not be listed as
e record specifies a delayed ef The 90th day after the record	ective date, but r is filed.	ot an effective time	∍, at 12:01 a.m. on th	he earlier o
DECEMBER 08TH	. 2021	<del></del> ·		
	Shawilda V	lasquez horizo representative of a		
		<del> </del>		<del></del>
Sigi	sature of a member or au	horized representative of a	member	

Page 3 of 3