

14/10/22 9:14

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing (Cover Sheet)

L21000526806

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((H22000353022 3)))



H220003530223ABCT

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA  
Account Number : I20220000125  
Phone : (239)494-0057  
Fax Number : (239)913-6599

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

Email Address: Tuoficinaenusa@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOVARDENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 OCT 27 8:32

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K. Brumley

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PAG. 01/08

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850-617-6381

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10/26/2022 6:02:39 PM PAGE 1/001 Fax Server



October 26, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TOVARDENT LLC  
19370 COLLINS AVE  
1014  
SUNNY ISLES BEACH, FL 33160US

SUBJECT: TOVARDENT LLC  
REF: L21000526806

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the correct document number on the articles. The one provided is not for the entity "TOVARDENT".

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley  
Regulatory Specialist III  
Internet Support

FAX Aud. #: H22000353022  
Letter Number: 022A00024076

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOVARDENT LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID NOHRA ZAKIA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

28719 ALESSANDRIA CIRCLE

\_\_\_\_\_  
Address

BONITA SPRINGS, FLORIDA, ZIP CODE 34135

\_\_\_\_\_  
City/State and Zip Code

tuoticinaenusa@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOHRA ZAKIA DAVID

239 . 4940057  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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**

TOVARDENT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/14/2021 and assigned  
Florida document number L21000526806.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3181 NORTH BAY VILLAGE CT SUITE 200BONITA SPRINGS, FLORIDA, ZIP CODE 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3181 NORTH BAY VILLAGE CT SUITE 200BONITA SPRINGS, FLORIDA, ZIP CODE 34135

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NOHRA ZAKIA DAVID

New Registered Office Address:

28719 ALESSANDRIA CIRCLE

*Enter Florida street address*

BONITA SPRINGS

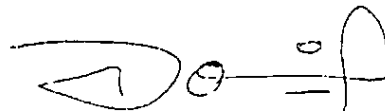
*City*

, Florida34135

*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**

APPROVED  
AND  
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2022 OCT 27 PM 3:58  
CLERK OF THE COURT  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Javier Guzman Velasco	19370 COLLINS AVE.1014	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL., ZIP CODE 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Wilfredo Tovar	19370 COLLINS AVE.1014	<input type="checkbox"/> Add
		SUNNY ISLES BEACH,FL.,ZIP CODE33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elke Ngeli Nakad Salazar	28719 ALESSANDRIA CIRCLE	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]


**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 14, 2022

DocuSigned by:  
  
 C8E23572A85E4

Signature of a member or authorized representative of a member

WILFREDO TOVAR

Typed or printed name of signee