Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000174443 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PINPOINT GUIDANCE INC

Account Number : I20180000092 Phone : (954)371-9511 Fax Number : (954)933-3379

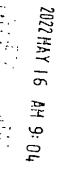
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## SUMELZUCA LLC

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





# COVER LETTER , , ,

	Registration Se Division of Cor			
SUBJEC	· SUMELZU T:	ICA LLC		
SOUTH	··	Name of Lim	ited Liability Company	
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		Amendment and fec(s) are sub	•	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		C	CARLOS E FERRER ACOSTA	
			Name of Person	
			AMBR	
			Firm/Company	
			11501 NW 87TH PL	
			Address	
			HIALEAH GARDENS FL 33018	
			City/State and Zip Code	<u> </u>
			rcbglobalservices@gmail.com	
		E-mail address: (	to be used for future annual report no	tification)
For furthe	er information co	oncerning this matter, please co	all:	
CARLOS	S E FERRER AG	COSTA	786 503-2106	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$25.0</b>	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)
Ī	Mailing Addres Registration S	Section	Street Address: Registration S	
	Division of C		Division of Co The Centre of	
	P.O. Box 632 Tallahassee, l			oe Street, Suite 810
			Tallahassee, F	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ĀH	( <u>~</u> )`
9	

SUMELZUCA LLC

(Name of the Limited Liab) (A Flori	llity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number 1.22000192667	Company were filed on 04/22/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	11501 NW 87TH PL			
Principal office address MUST BE A STREET ADD	RESS) HIALEAH GARDENS FL 33018	HIALEAH GARDENS FL 33018		
	<del></del>			
inter new mailing address, if applicable:	11501 NW 87TH PL	11501 NW 87TH PL		
Mailing address MAY BE A POST OFFICE BOX	HIALEAH GARDENS FL 33018	8		
3. If amending the registered agent and/or register gent and/or the new registered office address here:		e name of the new regist		
Name of New Registered Agent:				
New Registered Office Address: 1150	NW 87TH PL			
	Enter Florida street address			
HIA	LEAH GARDENS Flori	i <b>da</b> 33018		

#### 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.

City

Zip Code

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	FERRER ACOSTA, CARLOS E	11501 NW 87TH PL	
		HIALEAH GARDENS FL 33018	□Remove
			≅Change
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		05/16/2	1022		
Note:	ive date, if other than the fective date is listed, the date must list the date inserted in this blacht's effective date on the D	ock does not meet the ap	plicable statutory filir	(Optional) nore than 90 days after filing.) P	ursuant to 605.0207 ill not be listed as
ne recor	d specifies a delayed effectiv led.	re date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) The 9	00th day after the
Dated	MAY 16	2022			
Juned		Cru	street		
		Signature of a member or	authorized representative	of a member	

Filing Fee: \$25.00

Typed or printed name of signee