30/8/22, 6:53

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA

Account Number : 120220000125 Phone : (239)494-0057 : (239)913-6599 Fax Number

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

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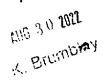
BELEN GROUP 1027 LLC

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COVER LETTER

	stration Sect ion of Corpo		. •		૯
	BELEN GRO	UP 1027 LLC	•	•	
SUBJECT: _		Name of Lir	nited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are su	bmitted for filing.		
		dence concerning this matte			
		DAVID NOHRA ZAKIA			
			Name of Person		
			Firm/Company		
		28719 ALESSANDRIA (·····
		BONITA SPRINGS, FLO	Address ORIDA, ZIP CODE 341	135	
			City/State and Zip Co		
		tuoficinaenusa@gmail.com E-mail address:	n (to be used for future ann	iual report notification)	
For further inf	ormation cor	ncerning this matter, please	call:		
DAVID NOH	RA ZAKIA		. 239 at ()	4940057	
	Name of 1	Person	Area Code	Daytime Telephon	e Number
Enclosed is a c	check for the	following amount:			
■ \$25.00 Fil	ling Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	s enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ing Address:		<u>Stree</u>	t Address:	
Regi	istration Sc	ection	Regi	stration Section	_
	ision of Co . Box 6327			sion of Corporation Centre of Tallahass	
	ahassee, Fl		2415	5 N. Monroe Street, ahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELEN GROUP 1027 LLC	
(Name of the Limited Limited Companies (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000291531</u>	were filed on 06/28/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The 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 applicable:	3181 NORTH VILLAGE CT, SUITE 200
(Principal office address MUST BE A STREET ADDRESS)	BONITA SPRINGS, FL. ZIP CODE 34135
Enter new mailing address, if applicable:	3181 NORTH VILLAGE CT, SUITE 200
(Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRINGS, FL. ZIP CODE 34135
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2022 A
New Registered Office Address:	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter Florida street address Fig. 0 Fig. 7
	City Sip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Nohra Zakia	28719 Alessandria Circle	□Add
		Bonita Springs, Fl, Zip Code 34135	
			□Change
AMBR	Gustavo Adolfo Vieira Goncalves	3181 NORTH VILLAGE CT, SUITE 200	≅Add
		Bonita Springs, FI, Zip Code 34135	🗆 Remove
			□Change
AMBR	Andrea Carolina Santos Buiza	3181 NORTH VILLAGE CT, SUITE 200	🗒 Add
		Bonita Springs, FI, Zip Code 34135	□Remove
			Change
	·		□Add
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Effectiv	ve date, if other than the date of filing:
Note: 1	(optional) ctive date, if other than the date of filing: (optional) ctive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
record d is file	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 ed.
Dated _	AUGUST 30 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee