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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA

Account Number : I20220000125

: (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.\*\*

## ESSILLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.A.Z COMPANY LLC

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Help

Tallahassec, FL 32314

## **COVER LETTER**

TO: Registration Se Division of Cor			
	PANY LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The restaural Audiston of	A	mitted for filing	
	Amendment and fee(s) are sub- indence concerning this matter		
	DAVID NOHRA ZAKIA		
	- DAVID NOTES ZAIGA	Name of Person	
	1)9)		•
	Andreas and the second of the	Finn/Company	
	14937 SW 41ST LANE	Address	
	MIAMI, FLORIDA, 3318:		•
	<u> </u>	City/State and Zip Code	
	tuoficinaenusa@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
DAVID NOHRA ZAKI	A	239 4940057 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation
Registration Division of (		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Jul. 3. 2024-12:338M

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 0340 FILED
2024 JUL -3 AM 4: 22
TALLAHASSEE FLORID!

J.A.Z COMPANY 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	and assigned
Florida document number L22000308550	•	
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 Liabil	ity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Buter Florida street add	hess
		Florida
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
		•

If Changing Registered Agent, Signature of New Registered Agent

Change

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	ANTAR ZAKIA, JOE	14937 SW 41ST LANE MIAMI, FLORIDA	□Add
		ZIP CODE 33185	≅Remove
		,,,	Change
MGR	EVELYN ZAKIA ANTOR	14937 SW 41ST LANE MIAMI, FLORIDA	≌Add
		ZIP CODE 33185	□ Петоче
			□ Change
			Add The Remove 3 Change 12 22
			□ Rепюче
			□ Change
			□ Remove
			Change
			🗆 Add
			□ Remove

DAVID NOHRA ZAKIA

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<u>lote:</u> U	f the date inserted	in this block does	not meet the appli	cable statutory fil:	(opti more than 90 days afte ing requirements, thi	onal) r filing.) Pursuant to 605.0207 (3 s date will not be listed as th
ocumei	nt's effective date	on the Departmer	nt of State's record	<b>S</b> .		
record		d effective date, b	ut not an effective	time, at 12:01 a.m	on the earlier of: (1	o) The 90th day after the
	UNE 29		2024			
Dated _						

Typed or printed name of signee