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Division of Corporations



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To:						
10.	Division of C	Corporations				
		: (850)617-6383				
From:						
	Account Name	: DAVID NOHRA ZAH	KIA			
		er : I20220000125				
	Phone	: (239)494-0057				
	Fax Number	: (239)913-6599				
	ail Address:					
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Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Cor		. • •	
orm ri		DORA DOS RIOS LLC		
SUBJI	A.I:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DAVID NOHRA ZAKIA		
			Name of Person	
			Firm/Company	
		28715 ALESSANDRIA C		
		BONITA SPRINGS, FLO	Address RIDA ZIP CODE 34135	
		tuoticinaenusa@gmail.com	City/State and Zip Code	
For the	abox Information o	E-mail address: (concerning this matter, please c	to be used for future annual report not	(ification)
	D NOHRA ZAKL		239 4940057	
		f Person	at ()	ne Telephone Number
Enclos	ed is a check for t	he following amount:		
	5.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)
	Mailing Addres		Street Address: Registration Se	ection
	 Registration 1 Division of C 		Registration Se Division of Co	
	P.O. Box 632	27	The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
	Tallahassee,	rt 32314	Tallahassee, F	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPORTADORA DOS RIOS 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 08/29/2022 and assigned Florida document number 1.22000329958

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:		2 AUG	хр F
New Registered Office Address:	Emter Florida street address		PROV
	, Florida	ີ. ທີ	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	David Nohra Zakia	28715 ALESSANDRIA CIRCLE BONITA SPRING	}S □Add
		FLORIDA, ZIP CODE 34135	= Remove
			□Change
AMBR	Ali Alejandro Abboud Gamluch	3181 N BAY VILLAGE CT SUITE 200	≅Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	C Remove
			🗆 Change
AMBR	Joed Issa Abboud Gamluch	3181 N BAY VILLAGE CT SUITE 200	■∧dd
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	[]Remove
			🗌 Change
			🗆 Add
			🗆 Remove
		- <u></u>	🗆 Change
			🗆 Add
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			Change
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			🗆 Remove
			Change

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

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.

d		
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St	gnature of a member or authorized representative of a member	
DAVID NOHRA ZAKIA		

Typed or printed name of signee

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