Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMPORTADORA DOS RIOS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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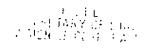
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Help

COVER LETTER

TO: Registration Se Division of Con			
	DORA DOS RIOS LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID NOHRA ZAKIA	_	
	(Name of Person	
	28719 ALESSANDRIA C	Firm Company IRCLE	
		Address	
	BONITA SPRINGS FLOR	RIDA ZIP CODE 34135	
	tuoficinaenusa@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all.	
DAVID NOHRA ZAKI	A	. 239 4940057 at ()	
Name c	f Person		Telephone Number
Enclosed is a check for t	he 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		Street Address:	otion
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroc Tallahassee, FL	: Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 DEC 19 AM II: 27



IMPORTADORA	DOS RIOS LLC	

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

The Articles of Organization for this Limited Florida document number L22000329958		were filed on 07/2	26/2022 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the de	signation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		3181 NORTH B	AY VILLAGE CT
(Mailing address MAY BE A POST OF FICE	₹ ROX)	SUITE 200	
indiang dairess of the BLATOST OF FICE BOXY		BONITA SPRIN	GS, FLORIDA,ZIP CODE 34135
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	• 7		cords, <u>enter the name of the new registere</u>
		NDRIA CIRCLE	
THE WITHOUT CHIEF TRACTEDS.	Enter Florida street address		
	BONITA SPRIN	łG\$, Florida ³⁴¹³⁵

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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Qr. 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Ali Alejandro Abboud Gamluch	3181 N BAY VILLAGE CT SUITE 200	(JAdd
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	≣Remove
			DChange
AMBR	Joed Issa Abboud Gamluch	3181 N BAY VILLAGE CT SUITE 200	Dadd
		BONITA SPRINGS.FLORIDA.ZIP CODE 34135	
			□Change
MGR	David Nohra Zakia	28715 ALESSANDRIA CIRCLE	≣Add
		BONITA SPRINGS FLORIDA ZIP CODE 34135	ElRemove
			□Change
			□Add
			□Remove
			[]Change
			Cladd
			[]Remove
			🗆 Change
			□Add
			DRemove
			□Change

D. If amending any other informati	on, enter change(s) here: <i>(Attac</i>	ch addition despress, if necessary.) 1/2
	·	44/1:57
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	<u> </u>	
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	-	
Effective date, if other than the d	12/16/2022 ate of filing:	(optional)
(If an effective date is listed, the date must b	ne specific and cannot be prior to date of ik does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0207 atory filing requirements, this date will not be listed as
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
		<u> </u>
Dated	. 2022	
	ignature of a member or authorized repr	resentative of a member

Filing Fee: \$25.00

Typed or printed name of signee