29/8/22, 19:10

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA Account Number : I20220000125 Phone : (239)494-0057 Fax Number : (239)913-6599

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

Email Addre	 •		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FERRETERIA PRINCIPAL LLC

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Registration Section

TO:

COVER LETTER

Division of Cor	porations *		•
FERRETEI	RIA PRINCIPAL LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID NOHRA ZAKIA		
		Name of Person	
		Firm/Company	
	28719 ALESSANDRIA C		
		Address	
	BONITA SPRINGS, FLO	RIDA ZIP CODE 34135	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
DAVID NOHRA ZAKI	4	. 239 4940057	
Name o	f Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERRETERIA PRINCIPAL ELC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears (led Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{08/10}{1}$)/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here	: :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and/or the new registered office address here:		ords, enter the nam	e of the new registo
Name of New Registered Agent:			3 7, 7
New Registered Office Address:	Enter Florid	a street address	ROVED LLED PH 3
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age		****	U1

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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Nohra Zakia	28715 ALESSANDRIA CIRCLE	ClAdd
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	■ Remove
			[] Change
AMBR	Antonio Jose Issa Choucair	28715 ALESSANDRIA CIRCLE	🗟 Add
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	
			□Change
AMBR	Juan Antonio Issa Wardini	28715 ALESSANDRIA CIRCLE	= Add
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	□Remove
			Change
		:	[] Add
			□Remove
			[]Change
			🗆 Add
			□Remove
			Change
			🖸 Add
		·	[]Remove
			[]Change

DAVID NOHRA ZAKIA

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Note:	live date, if other than the date of filing: [OS/25/2022] [Optional] [Fective 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 ment's effective date on the Department of State's records.
record is fi	rd 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 fled.
Dated	AUGUST 25 2022

Filing Fee: \$25.00

Typed or printed name of signee