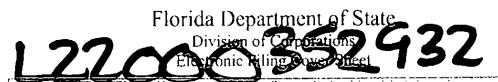
29/8/22, 19:12

Division of Corporations



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.

(((H22000293047 3)))



H220002930473ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA Account Number : I20220000125 : (239)494-0057 Phone 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 Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERRAMIENTAS BRINK VEN LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

WG 30 2022

(Brumbley

Registration Section

TO:

COVER LETTER

Division of Cor	porations		* *
HERRAMI	ENTAS BRINK VEN 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	endence concerning this matter	to the following:	
	DAVID NOHRA ZAKIA		
		Name of Person	
		Firm/Company	
	28719 ALESSANDRIA C		
		Address	
	BONITA SPRINGS, FLOI	RIDA, ZJP CODE 34135	
		City/State and Zip Code	
	tuoficinacnusa@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
DAVID NOHRA ZAKI	A	239 4940057	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fec	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 of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERRAMIENTAS BRINK VEN LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited U	y as it now appears on our	records.)	-
(
The Articles of Organization for this Limited Liability Company	were filed on 08/10/2022		and assigned
Florida document number L22000352932			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili"	ty Company" the designation	"I I C" or the abbrev	istion "LLC"
The new name thust be distinguishable and contain me words. Elimited Claoni	ry Company, the designation	i line of the above.	atton Line,
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 as	ddress on our records,	enter the name of	the new registere
agent and/or the new registered office address here:			2
		0.55 27	133
Name of New Registered Agent:		<u> </u>	<u> </u>
			T , 7
New Registered Office Address:	Enter Florida street		<u></u>
	mer i norma sir eci		. D.D.₹
		_, Florida <u> </u>	
	City		ip Code
New Registered Agent's Signature, if changing Registered Agent:		- 4	

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Nohra Zakia	28715 ALESSANDRIA CIRCLE	□Add
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	≅ Remove
			©Change
AMBR	Antonio Jose Issa Choucair	28715 ALESSANDRIA CIRCLE	≣Add
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	□Remove
		28715 ALESSANDRIA CIRCLE	□Change
AMBR	Juan Antonio Issa Wardini	BONITA SPRINGS, FLORIDA ZIP CODE 34135	\ Add
			□Remove
			[]Change
		: 	□Add
			DRemove
			Change
			DAdd
			Remove
			□Change
			□Add
		·	□Remove
			□Change

DAVID NOHRA ZAKIA

							_
							_
							-
					,	-,-	-
_				<u> </u>		 	•
							-
_			 -	<u>. </u>			-
					 _		-
							_
							-
	<u> </u>						-
							-
		·			···		-
				<u> </u>			_
				- <u></u> -			_
			:		_		
					· · · · · · · · · · · · · · · · · · ·		
Effectiv	e date, if other than t	he date of filing	: 08/25/2022		(opti	onal)	.c. 00007 (3)
Note: If	tive date is listed, the date the date inserted in this it's effective date on the	block does not m	eet the applicab	date of filing or made of the statutory filing	requirements, thi	s date will not be lis	ted as the
he record ord is file	specifies a delayed effect d.	ctive date, but not	an effective tim	e, at 12:01 a.m. c	on the earlier of: (b) The 90th day after	er the
Dated _	UGUST 25	··	2022	. <i>.</i>			
Datou			A 2 3 T	4			

Filing Fee: \$25.00

Typed or printed name of signee