

29/8/22, 21:00

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L22000341781**

**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.

(((H22000293205 3)))



H220002932053ABCZ

**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  
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 Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PROT-ESCA LLC**

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

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

2022 AUG 30 PM 2:52

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 30 2022

Brumby

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PROT-ESCA LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID NOHRA ZAKIA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

28719 ALESSANDRIA CIRCLE

\_\_\_\_\_  
Address

BONITA SPRINGS, FLORIDA ZIP CODE 34135

\_\_\_\_\_  
City/State and Zip Code

tuoficinaenusa@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NOHRA ZAKIA

\_\_\_\_\_  
Name of Person

239 4940057  
at ( )

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROT-ESCA 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 08/17/2022 and assigned  
Florida document number 1.22000361781.

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:**

3181 NORTH VILLAGE CT SUITE 200

**(Principal office address MUST BE A STREET ADDRESS)**

BONITA SPRINGS, FLORIDA ZIP CODE 34135

**Enter new mailing address, if applicable:**

3181 NORTH VILLAGE CT SUITE 200

**(Mailing address MAY BE A POST OFFICE BOX)**

BONITA SPRINGS, FLORIDA ZIP CODE 34135

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Nohra Zakia	28719 Alessandria Circle	<input type="checkbox"/> Add
		Bonita Springs, Florida, Zip Code 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carla Haroisa Caruso Rivero	3181 North Village Ct. Suite 200	<input checked="" type="checkbox"/> Add
		Bonita Springs, Florida, Zip Code 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

*(This area contains horizontal lines for writing.)*

E. Effective date, if other than the date of filing: 08/29/2022 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 29

2022

Signature of a member or authorized representative of a member

DAVID NOHRA ZAKIA

Typed or printed name of signee

**Filing Fee: \$25.00**