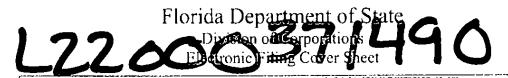
Division of Corporations



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.

(((H22000292963 3)))



H220002929633ABC2

**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

Account Number : 120220000125 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: [Voficinoen USAQ Gmail com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAPESA INTERNACIONAL CA LLC ---

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

PIZAUG 30 PH 3: 38

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 3 0 2022

K. Brumbiey

Tallahassee, FL 32314

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
MAPESĄ	INTERNACIONAL CA LLC	1	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAVID NOHRA ZAKIA		
	<del> </del>	Name of Person	•
		Firm/Company	
	28719 ALESSANDRIA C	IRCLE	
		Address	
	BONITA SPRINGS, FLO	RIDA, ZIP CODE 34135	
	tuoficinaenusa@gmail.com		
For further information	E-mail address: ( concerning this matter, please c	to be used for fitture annual report not	fication)
DAVID NOHRA ZAK		239 4940057	
Name	of Person	at ()	ne Telophone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro		Street Address:	
Registration	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAPESA INTERNACIONAL CA LLC			
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000371490	were filed on 08/23/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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,FL.ZIP CODE 34135		
E. A and durant of another blue	3181 NORTH VILLAGE CT, SUITE 200		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	BONITA SPRINGS, FL. ZIP CODE 34135		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address		
	City - **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 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

<u>Title</u>	Name	Address	Type of Action
MGR	DAVID NOHRA ZAKIA	28719 ALESSANDRIA CIRCLE	□Adđ
		BONITA SPRINGS, FL, ZIP CODE 34135	≣Remove
			□ Change
AMBR LUIS GERALDO BRITO	LUIS GERALDO BRITO	3181 NORTH VILLAGE CT, SUITE 200	≅Add
		BONITA SPRINGS, FL. ZIP CODE 34135	ПРетоус
	<del></del>	Change	
	<del></del>		□Add
			□Remove
		·	Change
	:	🖸 Add	
		□Remove	
			□Change
		□ Add	
			□Remove
		·	Change
			□Add
			Remove
			□Change

DAVID NOHRA ZAKIA

_	
-	
•	
-	
-	
-	
-	
_	
_	
-	
-	
-	
-	:
-	·
	08/29/2022
Note:	ive date, if other than the date of filing:  (optional)  ective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fil	d 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 led.
	<b>N</b>
Dated	AUGUST 29 2021

Filing Fee: \$25.00

Typed or printed name of signee