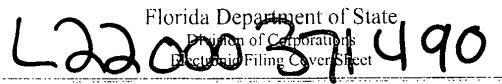
Division of Corporations



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(((H22000397247 3)))



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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 Address: topicina enusa agmail.com

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

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C. BRUMBLEY

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Corporate Filing Menu

Help

Registration Section

TO:

COVER LETTER

Division of Corp	orations	•	
	TERNACIONAL CA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	amendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	DAVID NOHRA ZAKIA		
		Name of Person	
		Firm/Company	
	3181 NORTH BAY VILL	AGE CT SUITE 200	
		Address	
	BONITA SPRINGS,FLOF	RIDA,ZIP CODE 34135	
		City/State and Zip Code	
	tuoficinaenusa@gmail.com	to be used for fitture annual report no	tification)
For further information co	ncerning this matter, please c		
DAVID NOHRA ŽAKIA		. 239 4940057	
Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	: following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration S	ection
Division of Co	orporations	Division of Co	rporations
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro Tallahassee, F	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAPESA INTERNACIONAL CA				
(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.) SE 222		
The Articles of Organization for this Limited I. Florida document number 1.22000371490	AS 2			
This amendment is submitted to amend the following	AHII: 30 OF STATE SEE, FL			
A. If amending name, enter the new name of	SATE			
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli-	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, ss here:	enter the name of the new registe		
Name of New Registered Agent:	TU OFICINA EN USA LLC			
New Registered Office Address:	28719 ALESSANDRIA CIRCLE			
140 1 18 British 20 St. 112 St. 1881 205.	Enter Florida street	address		
	BONITA SPRINGS	, Florida ³⁴¹³⁵		

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 to 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.

City

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Luis Geraldo Brito	3181 NORTH BAY VILLAGE CT SUITE 200	□Add
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	=Remove
			Change
MGR	David Nohra Zakia	28719 ÀLESSANDRIA CIRCLE	≘ Add
		BONITA SPRINGS, FLORIDA ZIP CODE 34135	🗆 Remove
			DChange
			
			□Remove
			Change
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ffective date, if other than to an effective date is listed, the date inserted in this ocument's effective date on the	block does not i	neet the applical	date of filing or models tatutory filing	(0 ore than 90 days requirements,	ptional) after filing.) Pursua this date will no	ent to 605.020 of be listed a
record specifies a delayed effect is filed.	tive date, but not	an effective tim	ie, at 12:01 a.in. o	n the carlier of	f: (b) The 90th	day after the
		2022		<u></u>		
november 22		,				
pated NOVEMBER 22		,	ized representative			

Filing Fee: \$25.00