22/11/22, 5:17

Division of Corporations

# Florida Department of State Phylatomol Corporations Electronic Hilling Coyer Sheet

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.

(((H22000397251 3)))



H220003972513ABC+

**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 : TU OFICINA EN USA LLC

Account Number : I20220000184 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.\*\*

mail Address: tuoficinalnusa damail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### TU OFICINA EN USA LLC

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

22 NOV 22 PH 4: 46

AND AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 28 2022

Registration Section

Tallahassee, FL 32314

TO:

#### **COVER LETTER**

Division of	Corporations		•
	TICINA EN USA LLC		
SUBJECT:	Name of Li	mited Liability Company	<del></del>
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	·
	DAVID NOHRA ZAKIA		
		Name of Person	**************************************
		Firm/Company	
	28719 ALESSANDRIA		
		Address	<del></del>
	BONITA SPRINGS,FLC	PRIDA, ZIP CODE 34135	
		City/State and Zip Code	
	tuoficinaenusa@gmail.com		
	E-mail address:	(to be used for future annual report n	otification)
For further informati	ion concerning this matter, please	call:	
DAVID NOHRA ZA	AKIA	. 239 4940057 at ()	
Na	ime of Person	Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Pe	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 Ad Registrati	Idress: Ion Section	Street Address: Registration S	
Division of	of Corporations	Division of C	Corporations
P.O. Box	6327	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TU OFICINA EN USA LLC		
(Name of the Limited Liability Comp (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 1.22000372634	y were filed on 08/24/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:	<u>.</u> :	FILE DV 22
New Registered Office Address:		:: <u> </u>
	Enter Florida street address _ : 	
	City , Florid	Chip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Elke Nageli Nakad Salazar	28719 ALESSANDRIA CIRCLE	[] Add
		BONITA SPRINGS,FLORIDA,ZIP CODE 34135	≣Remove
			[] Change
		· .	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		:	□Add
			ПРетюче
		- <del>7</del>	□Change
			DAdd
			ПRетюче
		· ————————————————————————————————————	□Change
		<del></del>	CJAdd
			Remove
			□Change

<del></del>						
-						
		<del></del> -		<del></del>		<del></del>
	<del></del>			<del></del> -		<del></del>
		<del></del>				
	<del></del>					
						<del></del>
	<del></del> ,		<del></del>		- <del>-</del>	
	<del></del>					
				<u> </u>		
	<del></del> -	<del></del>			· · · · · · · · · · · · · · · · · · ·	
			<del>_</del>			<del></del>
		<del></del>		·		
					<u> </u>	
ective date, if other than the	e date of filing:	11/22/2022			(optional)	
ective date, if other than the effective date is listed, the date mute: If the date inserted in this burnent's effective date on the E	ist be specific and c lock does not me	cannot be prior cet the annlies	to date of filing able statutory	or more than 90 filing requirem	days after filing.) Pricents, this date wil	rsuant to 605,020 I not be listed as
cord specifies a delayed effective filed.	/e date, but not a	л offective tii	me, at 12:01 a	.m. on the earl	ier of: (b) The 90	Ith day after the

Signature of a member or authorized representative of a member

Typed or printed name of signee

DAVID NOHRA ZAKIA