Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA

Account Number : I20220000125

: (239)494-0057

Fax Number : (239)913-6599

Enter the email address for this business entity to be used for future \sim annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TU OFICINA EN USA LLC

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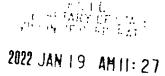
TO: Registration Section

COVER LETTER

Division of Cor	porations		
TU OFICIN	A EN USA 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	ndence concerning this matter	to the following:	
	DAVID NOHRA ZAKIA		
		Name of Person	
		Firm/Company	
	28715 ALESSANDRIA C		
		Address	
	BONETA SPRINGS FLOR		
	tuoficinaenusa@gmail.com	City/State and Zip Code	
		to be used for future annual report non	fication)
For further information c	oncorning this matter, please c	all:	
DAVID NOHRA ZAKI	4	. 239 4940057	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for t	he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is cuclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

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 l Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000372634</u> This amendment is submitted to amend the following:	were filed on 08/24/2022	and assigned
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 Liabs	thry 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)	3181 N BAY VILLAGE	CT
	BONITA SPRINGS FLORIDA ZIP CODE 34135	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	3181 N BAY VILLAGE CT SUITE 200	
•	BONITA SPRINGS FLO	RIDA 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 e	nddress
		Florida
	City	_, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	NUMARYS TRONCONE	28719 ALESSANDRIA CIRCLE	
		BONITA SPRINGS FLORIDA ZIP CODE 34135	
MGR	DAVID NOHRA ZAKIA	28715 ALESSANDRIA CIRCLE	□Add
	BONITA SPRINGS FLORIDA ZIP CODE 34135		
			Change
			□Add
		□Remove	
	<u></u>	DChange	
			🗆 🗆 Add
			□Remove
		Change	
			GAdd
		□Remove	
			Change
			□Add
		⊟Remove	
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if hecessary)
	2022 JAN 19 AH 11: 27
	,
(If an ei <u>Note:</u>	effective date, if other than the date of filing: O1/02/2023 (optional)
If the reco	ord 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 filed.
Dated	d JANUARY 02 . 2023
	Signature of a number of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee