29/8/22, 14:02

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA 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.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WASABI PRIVE PZO LLC

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## COVER LETTER

	sion of Corp					
SHR IEZT		RIVE PZO LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	imendment and fee(s) are sub	mitted for filing.			
		idence concerning this matter				
		DAVID NOHRA ZAKIA				
		40	Name of Person	<del>-</del>		
			Firm/Company			
		28715 ALESSANDRIA C	IRCLE			
			Address			
		BONITA SPRINGS, FLO		<u>+</u>		
		tuoficinaenusa@gmail.com				
		E-mail address: (	to be used for future annual report noti	fication)		
For further in	formation co	ncerning this matter, please c	alt:			
DAVID NO	IRA ZAKIA		239 4940057 at () Area Code Daytim			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a	check for the	e following amount:				
<b>≘</b> \$25,00 F	iling Fee	Cartificate 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)		
	ling Address		Street Address:	otion		
-	gistration S vision of Co	ection orporations	Registration Section Division of Corporations			
P.O	). Box 6327	7	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
rai	lahassee, F	1, 34314	Tallahassee, Fl			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WASABI PRIVE PZO LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/29/2022	and assigned
lorida document number L22000373063		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LEC" o	r 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)		
		_
<ol> <li>If amending the registered agent and/or registered office : igent and/or the new registered office address here:</li> </ol>	iddress on our records, <u>enter<b>th</b></u>	e name of the new regist
:		
Name of New Registered Agent:		29 7
New Registered Office Address:		P. 1
	Enter Florida street address	:
	. Flori	da
. <del></del>	City	El 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Barbetta Lovera Fiorella	28715 ALESSANDRIA CIRCLE BONITA SPRINGS	S □Add
		FLORIDA, ZIP CODE 34135	
			_ [] Change
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			_ 🗆 Remove
			_ E]Change
			_ □Add
			_ DRemove
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			08/29/20	022				
Effective date, if if an effective date is Note: If the date is document's effecti	nserted in this ble	ock does not	meet the app	rlicable statu	filing or more the tory filling rec	uirements, th	(onal) ( filing.) Pursuar is date will not	to 605,0207 be listed as
e record specifies and is filed.	delayed effective	e date, but no	ot an effectiv	e time, at 12	:01 a.m. on th	e carlier of: (	o) The 90th d	ay after the
AUGUST 2	9		2022					
,ated			1 ,	$\smile$ 1 $^{\circ}$	\			

Filing Fee: \$25.00

Typed or printed name of signee