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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:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES JPK 22 INTL 22 LIB LLC

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## COVER LETTER

то:	Registration Se Division of Cor		<b>i</b>	
SUBJ	IŅVERSIO	NES JPK 22 INTL 22 LIB LLC	:	
SUBJ	ECT:	Name of Limit	ed Liability Company	
		Amendment and fee(s) are subm	-	
Please	return all correspo	ndence concerning this matter to	o the following:	
		FRANTZIS, JOSE RAFAE	L	
			Name of Person	
		INVERSIONES JPK 22 IN	TL 22 LIB LLC	
			Firm/Company	
		6212 N STATE ROAD		
			Address	
		COCONUT CREEK, FL 33	073	
·			City/State and Zip Code	······································
		tuoficinaenusa@gmail.com	be used for future annual report not	tication)
For fu	rther information c	oncerning this matter, please cal	·	
	ID NOHRA ZAKIA		239 4940057	
Name of Person		at ()	ne Telephone Number	
Enclos	sed is a check for th	ne following amount:		
€ 5:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES JPK 22 INTL 22 LIE	BILLO	
( <u>Name of the Llimited</u> (A	Liability Company as it now appears on our records.)  Velorida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.23000025327	bility Company were filed on 01/12/2023	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
P. If amonding the registered agent and/or rec		
agent and/or the new registered affice address	gistered office address on our records, <u>enter the name</u> here:	
	••	2023
Name of New Registered Agent:		<b>L</b> -
		<u>ω</u>
New Registered Office Address:	Enter Florida street address	
		3
	, Florida	Zip Gode
	Cur	zi <u>p c</u> ode

## 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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MGR	FRANTZIS, JOSE RAFAEL	6212 N STATE ROAD	🗆 🗖 Add
		COCONUT CREEK, FL 33073	Remove
			□Change
MGR	DAVID NOHRA ZAKIA	28715 ALESSANDRIA CIRCLE	\overline Add
		BONITA SPRINGS FLORIDA ZIP CODE 34135	□Remove
			DChange
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