

To:

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2023-02-08 18:52:03 GMT

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From: Alfonso

2/2/23, 11:36 AM

L230000
Division of Corporations
Florida Department of State

45111

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document

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To:
Division of Corporations
Fax Number : (850)617-6353

From:
Account Name : AV ACCOUNTING ASSOCIATES CORP
Account Number : 12020000141
Phone : (954)937-5305
Fax Number : (954)288-0209

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
INZUANI GIFTS OF NATURE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

5 11:3:20

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2023 FEB -8 AM 8:39
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INZUANI GIFTS OF NATURE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

EDWIN CHAMORRO

Name of Person

Firm/Company

1525 N PARK DR SUITE 104

Address

WESTON FL 33326

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

INZUANI GIFTS OF NATURE LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/24/2023 and assigned Florida document number L23000045111

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INZUANI GIFTS OF NATURE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 ALLAHASHIE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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STATE DEPT OF STATE
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: 02/02/2023 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated FEBRUARY 2 2023

Edwin Chamorro

Signature of a member or authorized representative of a member

EDWIN CHAMORRO

Typed or printed name of signee