LZ3 CACAGA

	(Requestor's Name)	
····	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer.	

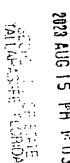
Office Use Only

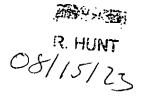


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Corteza Capital LLG	<u> </u>					
Please Debit FCA00	0000003 For: 25					
Thank you Seth Nee	lev					υ <u></u>
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Signature			Ve	hicle Search		
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Requested by: SETH	08/15/2023		UC	CC 1 or 3 File		
			U0	CC 11 Search		
Name	Date	Time	UC	CC II Retrieval		
Walk-In	Will Pick Up		Co	ourier		

COVER LETTER

TO: Registration Division of C				
CORTEZ SUBJECT:	ZA CAPITAL LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
	RAFAEL BARRERA			
		Name of Person		
	DIEGO L RESTREPO P.	Α.		
		Firm/Company		2023
2600 SOUTH DOUGLAS ROAD SUITE 913				2023 AUG
		Address		15
	CORAL GABLES, FL, 3:	3134		PH
		City/State and Zip Code		PH 12: 40
	RAFAEL@RESTREPOLA	AW.COM		10
	E-mail address:	to be used for future annual report not	ification)	
For further information	concerning this matter, please of	all:		
RAFAEL BARRERA		305 447-9430 at (
Name	of Person		ne Telephone Number	
Enclosed is a check for	the 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 Sta Certified Copy (additional copy is er	atus &
Mailing Addre		Street Address:		
Registration Division of	Section Corporations	Registration Se Division of Co		
P.O. Box 63		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Zip Code	
	CORAL GABL		, Florida _	33134	
		Enter Florida stree	et address		2023 AUG 15 PH 2: 40
New Registered Office Address:	2600 SOUTH I	DOUGLAS ROAD, SUIT	E 913		
Name of New Registered Agent:	INTERNATIONAL CORPORATE SERVICE INC				
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records	, enter the na	me of the new regi	iste re d
				_	.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			and assigned and assigned The state of the new registered VICE INC The state of the new registered The state of the new registered		
		Weston, FL 33331			99
		3848 Oak Ridge Cir.			
					9
				=	BINISION OF COMPONENTIONS
(Principal office address MUST BE A STREET		Weston, FL 33331		2021	
Enter new principal offices address, if applicat		3848 Oak Ridge Cir.			 50
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation	on "LLC" or the	abbreviation "L.L.C."	_
A. If amending name, enter the new name of t	he limited liab	ility company here:			
This amendment is submitted to amend the follow	ving:				
Florida document number L23000064769	·				
The Articles of Organization for this Limited Liab	bility Company	were filed on 02/03/202		and assigned	Į.
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on ou Liability Company)	r record <u>s.</u>)		
CORTEZA CAPITAL LLC				_	

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 Signaturn 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>	Address	Type of Action
MGR	Catalina Echeverri	3848 Oak Ridge Cir.	■Add
		Weston, FL 33331	□Remove
MGR	Andrés Felipe Uribe	3848 Oak Ridge Cir.	∃ Add
		Weston, FL 33331	□Remove
			□Change
MGR	JAVIER GONZALEZ LIZCANO	777 BRICKELL AVEUE	
		SUITE 1110 MIAMI, FL 33131	OHVISION OF CORPORATIONS 2023 A&G 15g PM 12: 40 Change PM 12: 40
			07 Cong
MGR	CLAUDIA JOHNSON ARISTIZABAL	777 BRICKELL AVEUE	DAdd 7::08 A 116
		SUITE 1110	☐ ☐ Remove
		MIAMI, FL 33131	□Change
			□ Add
			□Remove
			Change
			□Rетюче
			□Change

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(If an eff	ive date, if other than the date of filing:	5.0207 (3) ed as the
the recor cord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte led.	r the
5 . 1	August 14 , 2023 .	
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00