7/14/23, 4:12 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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

## BZVK L.L.C.

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10:	1.85061/6383	From: 14693173436	Date: 07/14/23	Time: 9:14 PM Page	: 02/04

## ARTICLES OF AMENDMENT

(((H23000247784 3))) ARTICLES OF C	O DRGANIZATION		
, O			
BZVK L.L.C.	<b>\$</b>	9	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company florida document number <u>L23000318929</u> .	were filed on 07/05/2023	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2Av 1-12, Zona 16, Las	Cumbres	
Principal office address MUST BE A STREET ADDRESS)	Guatemala City 01016, C	Juatemala	
Inter new mailing address, if applicable:	2Av. 1-12, Zona 16, Las Cumbres		
Mailing address MAY BE A POST OFFICE BON	Guatemala City 01016, Guatemala		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>s</u>	enter the name of the new register	
Name of New Registered Agent:		<del>ક</del> ્રેં ્	
New Registered Office Address:		023	
New Ackisteted Office Address.	Enter Florula street	address 📜	
		_, Florida =	
ew Registered Agent's Signature, if changing Registered Agent:	Ciry	, Florida	
hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my dution provided for in Chapter	es, and I am familiaP with and 605. F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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. To: 18506176383 From: 14693173436 Date: 07/14/23 Time: 9:14 PM Page: 03/04

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VEGA, BYRON	2Av. 1-12, Zona 16, Las Cumbres	🗀 Add
		Guatemala City 01016, Guatemala	□Remove
		<del></del>	<b>■</b> Change
AMBR	KOSTADINOVIC, ZOZEFIN	Roemerstrasse 17/3	
	Metzingen, 72555, Germany	□ Remove	
			<b>≡</b> Change
			Premove
			[]Change
			□ Add
			Remove
			□Change
			□ Add
		□Remove	
			ClChange
		<del></del>	Remove
			DChange

. 16	(((H23000247784 3)))
). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
the recordisti	ed 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 led.
Dated	June 14 2023
	Signature of a member earthorized representative of a member
	Zozefin Kostadinovic

. To∢ 18506176383 From: 14693173435 Date: 07/14/23 Time: 9:14 PM Page: 04/04

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Filing Fee: \$25.00