L24000239121

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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations					
SUBJECT:	DISTRIMA	ARCA LLC					
SUBJECT:		Name of Lim	ited Liability Company	 -			
The enclosed	l Articles of .	Amendment and fec(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Jose Percyra					
			Name of Person				
		ZU LLC					
			Firm/Company				
		600 N BRoad St, Ste 5 -84	4				
			Address				
		Middletown, Delaware 19	709				
			City/State and Zip Code				
		docs@vulpeine.com E-mail address: (to be used for future annual report no	tification)			
For further in	nformation co	oncerning this matter, please ca	·				
Jose Pereyra	1		302 4690768				
Name of Person		at () Area Code Dayti	me Telephone Number				
Enclosed is a	check for th	e following amount:					
		■ \$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 tadditional copy is enclosed)			
Reg	iling Addres gistration S	Section	Street Address: Registration S	ection			
Division of Corporations			Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIMARCA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u>)
the Articles of Organization for this Limited Liability Company lorida document number <u>L24000239121</u> .	were filed on May 23, 2024	and assigned
his amendment is submitted to amend the following:		
a. 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 Liabi	lity Company " the designation "LLC	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	1481 NW 103RD ST	
Principal office address MUST BE A STREET ADDRESS)	APT. 156	
	MIAMI, FL 33147	(-)
		4,00T
nter new mailing address, if applicable:	471 NE 83rd ST	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	APT. 604	55. O 1.
	MIAMI, FL 33138	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	25.8
	· - · · · · · · · · · · · · · · · · · ·	lorida
	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 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>	Type of Action
AMBR	Ariamne Virginia Villasmil González	1424 NE Miami PL	
		Apt 27006	Remove
		Miami FI. 33132	
			□ Add
			□ Change
			□Add
			□Remove
			Change
		***	□Add
			Change
			□ Add
			□Remove
			□ Change
			□Add
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			□Change

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fective date, if other than the in effective date is listed, the date must one: If the date inserted in this blocument's effective date on the December 1.	ck does not m	ect the applica	to date of filing	g or more than y filing requir	(option 90 days after fil ements, this d	al) ing.) Pursuant to ate will not be	605.0207 listed as
ecord specifies a delayed effective is filed.	date, but not a	an effective ti	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th day a	after the
September 5		2024					
	Ahy	2024 V V					_
	Signature of a m	ember or autho	rized represer	itative of a mer	nber		=
	EIRA, JOAQU	IIN I P					

. . . .

Filing Fee: \$25.00