L24000355957

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Cenified Copies	Certificates of Status
Special Instructions to	Filing Officer
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Office Use Only



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COVER LETTER

	gistration Se rision of Cor			*
/		SINESS INTELLIGENCE LL	C	·
SUBJECT:		Name of Lin	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Zohe Liliana Vinasco		
			Name of Person	
		ZOHE BUSINESS INTER	LIGENCE LLC	
			Firm/Company	
		390 NE 191st St STE 854	8	
			Address	
		Miami, FL 33179		
			City/State and Zip Code	
		zohevc@me.com		
			to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please c	all:	
Alejandro k	laric		786 304-6299 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is:	a check for th	ae following amount:		
\$25,001	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)
<u>Ma</u>	iling Addres	i <u>s:</u>	Street Address:	
Registration Section		Registration Section		
	vision of C D. Box 632	Corporations	Division of Co The Centre of	-
	J. Box 032 Hahassee, 1			roe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOHE BUSINESS INTELLIGENCE LLC		
(Name of the Limited Liat (A Flor	oility Company as it now appears on our record ida Limited Liability Company)	<u>v) </u>
The Articles of Organization for this Limited Liability florida document number 1.24000355957		and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	A UG T
		27
		- E B O
Inter new mailing address, if applicable:		- S → S - S - S - S - S - S - S - S - S
		17
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registerent and/or the new registered office address here		the name of the new reg
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	N
	Flo	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Zohe liliana Vinasco	150 HILLSBOROUGH DR SORRENTO, FL 32776	□Add
			□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

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