To: +18506176383



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(((H23000174122 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC

Account Number : I20210000152 Phone : (305)520-9343 Fax Number : (786)705-2040

\*\*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 **ZUBI SOLUTIONS INC.**

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## **COVER LETTER**

From: +17867052040 (TU CONTADOR EN MIAMI)

TO: Registration Se Division of Cor			
	UTION INC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FERNANDO VILLARRE	AL	
		Name of Person	.,,-,-
	PETER MATHISON LLC	;	
		Firm/Company	
	800 SE 4TH AVENUE S	UITE 139	
	<del></del>	Address	<del></del>
	HALLANDALE BEACH,	FL. 33009	
		City/State and Zip Code	
	INFO@TUCONTADORE		
For further information of	email address: (	to be used for future annual report no	mication)
FERNANDO VILLARR	•	305 520-9343	
		at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810
i alialiassee,	1 レ リとン 1 マ	271J 14. MOH	or offert Julie 010

Tallahassee, FL 32303

夏3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

From: +17867052040 (TU CONTADOR EN MIAMI)

ZUBI SOLUTION INC.				
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability (	iow appears on our records.) Company)		
The Articles of Organization for this Limited I	Liability Company were fil	led on 09/22/2021	a	nd assigned
	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability cor	npany here:		
The new name must be distinguishable and contain the	one of instead tinkiling Comme	anu " the designation "I I C"	- the abbrevia	dan U. I. C. "
-		any, the designation EEC 0	n me addievia	non L.L.C.
Enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
		_ <del></del>		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	<u> </u>			
			<u> </u>	2{
B. If amending the registered agent and/or		on our records, enter th	e name of t	he new register
agent and/or the new registered office address	ess bere:			THE STATE OF
				,
Name of New Registered Agent:	TU CONTADOR EN N	MAMI		<del></del>
New Registered Office Address:	1946 TYLER STREET	г	•	<u> </u>
		Enter Florida street address		cn
	HOLLYWOOD	. Flori	ida <u>33020</u>	Č
	Cin	,	7ir	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.

To: +18506176383

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>	Name	Address	Type of Action
			□Add
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Effective date, if other than the date fan effective date is listed, the date must be sometimes. If the date inserted in this block adocument's effective date on the Depart	specific and cannot be pridoes not meet the app	olicable statutory filir		ling.) Pursuant to 605.0207 (
record specifies a delayed effective dat d is filed.	le, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
FRIDAY 5 OF MAY	2023			
Dated	· · · · · · · · · · · · · · · · · · ·	VEZA BRICENO, JENNIFER	t	
	De	rnifer Meza		
Sign	Section 15-46	nnifer Meya 5-262-22 39.32 uthorized representative	e of a member	

From: +17867052040 (TU CONTADOR EN MIAMI)