

# L190000092720

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

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Phone : (855) 498-5500  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ZAN MIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: ZAN MIA, LLC**\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Hedrick

\_\_\_\_\_  
Name of Person

Akerman, LLP

\_\_\_\_\_  
Firm/Company

98 SE 7th Street, Suite 1100

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

benjamin.hedrick@akerman.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Hedrick

305 982-5664  
at ( )\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ZAN MIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/08/2019 and assigned  
Florida document number L19000092720.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

201 S. Biscayne Blvd.

Office No. 2845

Miami, FL 33131

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

201 S. Biscayne Blvd.

Office No. 2845

Miami, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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, 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>	<u>Type of Action</u>
AMBR	TAMASHI, LLC	201 S. Biscayne Blvd.	<input type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
P	URCOLA, ALVARO	201 S. Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
S	DLAZ, CARLOS	201 S. Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AR	APARICIO, JOSE ANTONIO	201 S. Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AR	SOLER, ROCIO	201 S. Biscayne Blvd.	<input type="checkbox"/> Add
		Office No. 2845	<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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