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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZAN MIA, LLC

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Corporate Filing Menu

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K. SALY

AUG 2 2019

COVER LETTER

	egistration Se ivision of Cor			
21101627	ZAN MIA,	LLC		
SUBJECT	•	Nume of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	indence concerning this matter	to the following:	
		Benjamin Hedrick		
		 	Name of Person	
		Akerman, LLP		
			Firm/Compuny	-
		98 SE 7th Street, Suite 110	00	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		benjamin.hedrick@akermar		
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please co	all:	
Benjamin	Hedrick		305 982-5664 nt ()	
	Name o	f Person		me Telephone Number
Enclosed is	s a check for th	ne following amount:		
≘ \$25.00	Filing Fee	S30.00 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)
	MAIL.	ING ADDRESS:	STREET/COUR	HER ADDRESS:
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporate Cor		
		Clifton Building		
	Tallaha	assec, FL 32314	2661 Executive C Tallahassee, FL 3	

(04/06) 08/01/2019 08:28 1900 229844 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 AUC ED
19 AUG - 1 AH 101 0=
AH 10 0 =

ZAN MIA, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our re- liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000092720</u> .	were filed on 04/08/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	201 S. Biscayne Blvd.		
(Principal office address MUST BE A STREET ADDRESS)	Offiœ No. 2845		
	Miami, FI. 33131		
Enter new mailing address, if applicable:	201 S. Biscayne Blvd.		
(Mailing address MAY BE A POST OFFICE BOX)	Office No. 2845		
Transition and the second second	Miami, FL 33131		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ords, enter the name of the i	
New Registered Office Address:	Enter Florida street aa	ldnos s	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	14 Cour	
	-	re a la tal	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. performance of my duties	I further agree to comply with s, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
AMBR	TAMASHI, LLC	201 S. Biscayne Blvd.	🗆 Add
		Office No. 2845	
		Miami, FL 33131	Remove
			Change
P	URCOLA, ALVARO	201 S. Biscayne Blvd.	
		Office No. 2845	□ Remove
		Miami, FL 33131	
	DIAT CARLOS	AALG D' Died	Change
S	DIAZ, CARLOS	201 S. Biscayne Blvd.	
		Office No. 2845	□ Remove
		Miami, FL 33131	
ΛR	APARICIO, JOSE ANTONIO	201 S. Biscayπe Blvd.	Change G T G Add
		Office No. 2845	Remove: 6
		Miami, FL 33131	Change 5
AR	SOLER, ROCIO	201 S. Biscayne Blvd.	
		Office No. 2845	Remove
		Miami, Fl. 33131	☐ Change
			Change
			Add
			Remove
			Change

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D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
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		三美元 0
(If an effective Note: If t	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar the date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	nt to 605.0207 (3)(h) be listed as the
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.	earlier of:
Dated Jul	ty 31	
	Is/ Carlos Francisco Diaz Bacallado Signature of a member or authorized representative of a member	
	Carlos Francisco Diaz Bacallado	
	Typed or printed name of signee	

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Filing Fee: \$25.00