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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

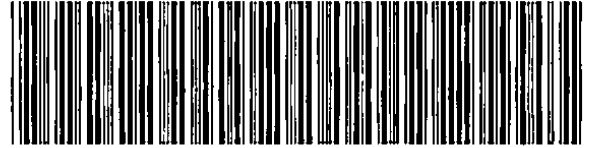
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2019

ALEKSANDRA WLODARCZYK
201 S BISCAYNE BLVD 28TH FLOOR
OFFICE 2845
MIAMI, FL 33131

SUBJECT: ZAN MIA, LLC
Ref. Number: L19000092720

We have received your document for ZAN MIA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due is \$7.50.

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 019A00021870

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REC-111

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:

ALEKSANDRA WLODARCZYK
Name of Person

Firm/Company

201 S BISCAYNE BLVD SUIT 2845
Address

33131 MIAMI, FL
City/State and Zip Code

ALEKSANDRA@GRUPOKABUKI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEKSANDRA at (786) 870-0438
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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 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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>P</u>	<u>ALVARO, URCELA</u>	<u>201 S BISCAYNE BLVD</u>	<input type="checkbox"/> Add
		<u>SUIT 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131, MIAMI, FL</u>	<input type="checkbox"/> Change
<u>S</u>	<u>CARLOS DIAZ</u>	<u>201 S. BISCAYNE BLVD</u>	<input type="checkbox"/> Add
		<u>SUIT 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131 MIAMI, FL</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>JOSE ANTONIO</u> <u>APARICIO</u>	<u>201 S. BISCAYNE BLVD</u>	<input type="checkbox"/> Add
		<u>SUIT 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131 MIAMI, FL</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>TAMASHI, LLC</u>	<u>201 S BISCAYNE BLVD</u>	<input type="checkbox"/> Add
		<u>SUIT 2845</u>	<input checked="" type="checkbox"/> Remove
		<u>33131, MIAMI FL</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

M. D. Deric

OWNER

MOSE ANTONIO

APARECÍO