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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PARJUS & ASSOCIATES, P.A.
Account Number : I20110000055
Phone : (954)593-5310
Fax Number : (954)337-0568

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Legal@Parjuslaw.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
ZAMBRANO FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$52.50

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B. KOHR

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TALLAHASSEE, FLORIDA

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is: ZAMBRANO FAMILY LIMITED PARTNERSHIP

2. The jurisdiction of its formation is: NEVADA

3. The date the entity was authorized to transact business in Florida is: 07/11/2011

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

____

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:	Business Address:
MARIA ALEXANDRA SANCHEZ	4040 SW 54th Terrace West Park, FL 33023
PLEASE REMOVE	JZ MANAGEMENT LLC 20900 NE 30TH AVE SUITE 510 AVENTURA FL 33180

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: ____

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

____

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: ____
([illegible])

Signature of a general partner:
For JZ Management LLC ____

Typed or printed name:
Jack Zambrano, Mgr

Filing Fee: $52.50
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75

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SECRETARY OF STATE

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ZAMBRANO FAMILY LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 13, 2010, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 31, 2013.

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20130131-5150
You may verify this electronic certificate online at **http://www.nvsos.gov/**

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ANNUAL LIST OF GENERAL PARTNERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER: E0392772010-0

ZAVBRANO FAMILY LIMITED PARTNERSHIP

NAME OF LIMITED PARTNERSHIP OR LIMITED-LIABILITY LIMITED PARTNERSHIP

FOR THE FILING PERIOD OF AUG, 2012 TO AUG, 2013

"YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov"

110505

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

CORPORATE CREATIONS NETWORK
8275 SOUTH EASTERN AVENUE #200
LAS VEGAS, NV 89123

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of	Document Number
Ross Miller	20130071137-25
Secretary of State	Filing Date and Time
State of Nevada	01/31/2013 4:09 PM
	Entity Number
	E0392772010-0

(This document was filed electronically.)

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☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all general partners. A **General Partner** must sign the form. *FORM WILL BE RETURNED IF UNSIGNED.*
2. If there are additional general partners, attach a list of them to this form.
3. Return the completed form with the filing fee of $125.00/$175.00. A $75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is $200.00. Effective 2-1-2010, $100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. ***Ordering Copies:*** *If requested above, one file stamped copy will be returned at no additional charge.* To receive a certified copy, enclose an additional $30.00 per certification. **A copy fee of $2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies.** Appropriate instructions must accompany your order.
7. *Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.*
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

LIMITED PARTNERSHIP FILING FEE: $125.00 LATE PENALTY: $75.00

LIMITED-LIABILITY LIMITED PARTNERSHIP FILING FEE: $175.00 LATE PENALTY: $75.00 BUSINESS LICENSE FEE: $200.00 LATE PENALTY: $100.00

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: ☐

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form *must be attached.* Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NRS 76.020 Exemption Codes
001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME	TITLE(S)		
MARIA A SANCHEZ	GENERAL PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
4040 SW 59TH TERRACE , USA	WEST PARK	FL	33023
NAME	TITLE(S)		
	GENERAL PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
	GENERAL PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
	GENERAL PARTNER		
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to *knowingly offer any false or forged* instrument for filing in the Office of the Secretary of State.

X MARIA PARJUS

Signature of General Partner

Title: ATTORNEY

Date: 1/31/2013 4:09:44 PM

Nevada Secretary of State Annual List GenPart

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