

Feb 04 13 11:47a

Parjus & Associates, P.A.

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Division of Corporations

https://tallahassee.fl.gov/scripts/efilecovr.exe

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 @ Parjus Law . com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
ZAMBRANO FAMILY LIMITED PARTNERSHIP**

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

RECEIVED

13 FEB -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 FEB -4 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2013

B. KOHR

**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:

*For Limited Partnership (LP) or Limited Liability Partnership (LLP), enter the name of the LP or LLP.
For Limited Liability Limited Partnership (LLLP), enter the name of the LLLP.*

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

Name:

MARIA ALEXANDRA SANCHEZ

Business Address:

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7. If the amendment corrects any false statement stated 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.

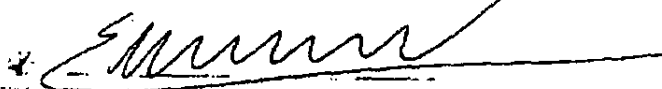
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____

Filing date cannot be later than 90 days after date of amendment, and must be preceded by the word "Effective date".

Signature of a general partner:

For J2 Management LLC



Typed or printed name:

Jose Zambrano, Mgr

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

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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Parjus & Associates, P.A.

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

FILE NUMBER

ZAMBRANO FAMILY LIMITED PARTNERSHIP

E0392772010-0

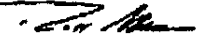
NAME OF LIMITED PARTNERSHIP OR LIMITED-LIABILITY LIMITED PARTNERSHIP

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

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

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 89123A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number 20130071137-25 Filing Date and Time 01/31/2013 4:09 PM Entity Number E0392772010-0
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

☐ 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 \$125.00 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 MARIA A SANCHEZ	TITLE(S) GENERAL PARTNER		
ADDRESS 4000 SW 50TH TERRACE, USA	CITY WEST PARK	STATE FL	ZIP CODE 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

Title

ATTORNEY

Date

1/31/2013 4:09:44 PM

Signature of General Partner

Nevada Secretary of State Annual List GenPart

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