

L040000026511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

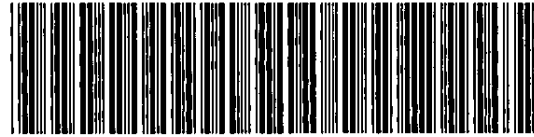
Special Instructions to Filing Officer:

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2017 MAY -2 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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700298676307

05/03/17--01001--018 **1383.75

FILED
17 MAY -9 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2017
J SHIVERS

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

MICHAEL WHITT
711 5TH AVE S SUITE 201
NAPLES, FL 34102

SUBJECT: ZAGA PROPERTIES, LLC
Ref. Number: L04000026511

We have received your document for ZAGA PROPERTIES, LLC and your check(s) totaling \$1383.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 817A00008726

2017 MAY 10 PM 1:53

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zaga, 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:

Michael R. Whitt, Esq.

Name of Person

Robins Kaplan LLC

Firm/Company

711 5th Avenue South, Suite 201

Address

Naples, FL 34102

City/State and Zip Code

mwhitt@robinskaplan.com

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

For further information concerning this matter, please call:

Toni Kriberscheck

239
at ()

213-1968

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

ZAGA, 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 April 7, 2004 and assigned
Florida document number L04000026511

This amendment is submitted to amend the following:

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

M. Zaga Properties, LLC

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

Enter new principal offices address, if applicable:

2727 NW 17TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33142

Enter new mailing address, if applicable:

2727 NW 17TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33142

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:

G.T. CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND RD.

Enter Florida street address

PLANTATION

Florida

33324

City

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>
MGR	MOISES ZAGA	2727 NW 17TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
WASHINGTON, D.C.
20520-1200

17 MAY -9 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100

(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)

Dated 24/04/2017 2017


Signature of a member or authorized representative of a member

MOISES ZACA, MANAGER

Typed or printed name of signee