

L100000037046

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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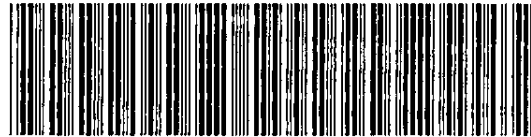
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY -9 PM 1:57

T. HAMPTON

MAY 10 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ZOPPAS, 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:

**JOSE D. ENRIQUEZ, JR.**  
Name of Person

**OPTIMUM TAX SERVICES, INC.**  
Firm/Company

**3081 SW 156TH. AVENUE**  
Address

**MIAMI, FLORIDA 33185**  
City/State and Zip Code

**JENRIQUEZ@OPTIMUMTAXSITE.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOSE D. ENRIQUEZ, JR.** at ( **305** ) **248-8080**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee      ☐ \$30.00 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)

**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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ZOPPAS S. R. L.	VIA MONTELLO 6 CAP MONTEBELLUNA, TREVISO ITALY 31044	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PAOLO COLOGNESE	VIA BELDEVERE 14 MONTEBELLUNA, TREVISO ITALY 31044	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUCA PASTURINI	90 ALTON ROAD, STE 2506 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

LUCA PASTURINI

\_\_\_\_\_  
Typed or printed name of signee

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