

L13000005146

(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:

Office Use Only



000280108740

12/18/15--01016--007 **30.00

FILED
15 DEC 18 PM 1:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zv:da Investments LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ithamar Zv:da
Name of Person

Zv:da Investments LLC
Firm/Company

6794 Sterling Road
Address

Hollywood FL 33024
City/State and Zip Code

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

For further information concerning this matter, please call:

/ at ()
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Zv. da Investments 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 1/10/2013 and assigned Florida document number 43000005146.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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	Chaya Vanunu	6794 Sterling Rd	<input checked="" type="checkbox"/> Add
		Hollywood FL 33524	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 DEC 18 PM 1:55
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 01-11-2011 BY 60322
 UCBA

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

(This area is crossed out with a large diagonal line.)

FILED
15 DEC 18 PM 1:55
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/24/2015 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 24, 2015


X

(Handwritten signature)

Signature of a member or authorized representative of a member

Ithamar Zúñiga

Typed or printed name of signer

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
	
Detail by Entity Name	
Florida Limited Liability Company	
ZVIDA INVESTMENTS LLC	
Filing Information	
Document Number	L13000005146
FEI/EIN Number	46-1740606
Date Filed	01/10/2013
State	FL
Status	ACTIVE
Principal Address	
6794 STERLING RD HOLLYWOOD, FL 33024	
Mailing Address	
11201 SW 1ST ST PLANTATION, FL 33325	
Registered Agent Name & Address	
ZVIDA, ITHAMAR 6794 STERLING RD HOLLYWOOD, FL 33024	
Authorized Person(s) Detail	
Name & Address	
Title MGRM	
ZVIDA, ITHAMAR 6794 STERLING RD HOLLYWOOD, FL 33024	
Annual Reports	
Report Year	Filed Date
2014	03/10/2014
2015	06/09/2015
Document Images	
06/09/2015 -- ANNUAL REPORT	View image in PDF format
03/10/2014 -- ANNUAL REPORT	View image in PDF format
01/10/2013 -- Florida Limited Liability	View image in PDF format

[Copyright](#) and [Privacy Policies](#)
State of Florida, Department of State