

L13000113799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

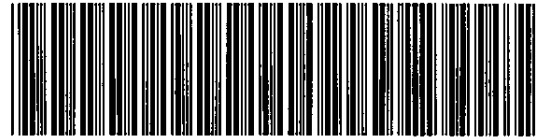
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/15/16--01026--005 **30.00

16 SEP 15 AM 11:00
CLERK OF COURT
SANTA CLAY COUNTY, FLORIDA

SEP 19 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Encar, 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:

Colon Zamora

Name of Person

Zamora Professional Services, LLC

Firm/Company

PO Box 669213

Address

Doral, FL 33166

City/State and Zip Code

colonzamora@gmail.com

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

For further information concerning this matter, please call:

Colon Zamora

305

7789335

at ()

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

Page 1 of 3

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	Roxana Escobar	1201 Raven Ave	<input type="checkbox"/> Add
		Miami Springs, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 SEP 15 AM 10:01
ALLIANCE, FLORIDA

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

16 SEP 15 AM 11:01
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

E. Effective date, if other than the date of filing: 09/13/2016 (optional)

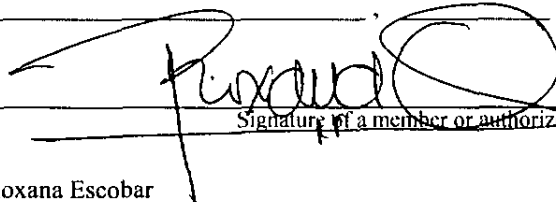
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 September 13, 2016



Signature of a member or authorized representative of a member

Roxana Escobar

Typed or printed name of signee