Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091

: (305)858-9900 Phone

: (305)285-0015 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: VILLOO T



## LC AMND/RESTATE/CORRECT OR M/MG RESIGN **ZAMORA HOMES LLC**

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

ZAMORA HOMES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### YILAN RIVERO

Name of Person

# RICHARDS & ASSOCIATES, P.A.

Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

## MIAMI, FLORIDA 33133

City/State and Zip Code

### YRIVERO@RICHARDS-LAW.COM

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

For further information concerning this matter, please call:

## YILAN RIVERO

,,305<u>,</u>858-9900

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 Taltahassee, FL 32314

#### STREET/COURIER ADDRESS:

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

ZAMORA HOMES LLC

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on 1/3/2014  Florida document number L14000001314	A. Dat	_and ass	igned
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 end with the words "Limited Liability Company," the designation	on "LLC" or the abbr	eviation "l	L.L.C."
Enter new principal offices address, if applicable:		14	517 10 35
(Principal office address MUST BE A STREET ADDRESS)		HA)	豆豆
			역라고
			325
Enter new mailing address, if applicable:		7	193号 - 別.い
(Mailing address MAY BE A POST OFFICE BOX)		<del>, ,</del>	共正
		<u> </u>	1.05
B. If amending the registered agent and/or registered office address on our reregistered agent and/or the new registered office address here:	cords, enter the	: name	of the no
Name of New Registered Agent:			
New Registered Office Address:		<del></del>	
Enter Florida street o	ad <del>d</del> ress	- /	—
	Florida		
New Registered Agent's Signature, if changing Registered Agent:		Zip Code	

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

MGR = Manager

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

AMBR = A	AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
MGR	PEDRO C. ZAMORA	1035 SW 23 AVENUE	D Add			
		MIAMI, FLORIDA 3312	25 Remove			
MGR	HILDA PLA	2761 SW 5 STREET	<b>A</b> dd			
		MIAMI, FLORIDA 3312	25 Remove			
			Add			
			□ Remove			
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			🗆 Remove			

•	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:  (Optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated MAY 7 2014
	6
	Signature of a member or authorized representative of a member
	PEDRO C. ZAMORA
	Typed or printed name of signee

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