

L14 0000 24653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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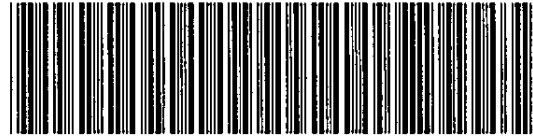
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers FEB 21 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ANTONIO ZOOM 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:

**Manuel A Pena**  
Name of Person  
**ANTONIO ZOOM LLC**  
Firm/Company  
**229 Acorn dr**  
Address  
**longwood, Florida, 32750**  
City/State and Zip Code  
**manuelantoniopena06@yahoo.com**  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

**Manuel A Pena** at **321 442-4269**  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ANTONIO ZOOM 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 02/11/2014 and assigned Florida document number L14000024653.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 229 acorn dr, longwood ,florida , 32750  
**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 229 acorn dr , longwood , florida, 32750  
**(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: Manuel A Pena  
New Registered Office Address: 229 Acorn dr  
Enter Florida street address  
longwood , Florida 32750  
City Zip Code

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TALLAHASSEE  
FLORIDA

**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.*

*Manuel A Pena*

**If Changing Registered Agent, Signature of New Registered Agent**

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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FLORIDA  
STATE UNIVERSITY

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

remove MANUEL PENA SR. Of florida street address of the registered agent . In article four please and

add this name Manuel A Pena thats all with this address 229 Acorn dr,

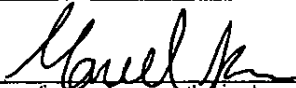
longwood, florida, 32750. i will send attachedment with this it will be highlighted the

section and name that i need change. thank you any questions please give me a call.

**E. Effective date, if other than the date of filing: 02/20/2014 (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 02/17/2014



Signature of a member or authorized representative of a member

**Manuel A Pena**

Typed or printed name of signee

14 FEB 20 AM 10:15  
TALLAHASSEE FLORIDA