

L14000097013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

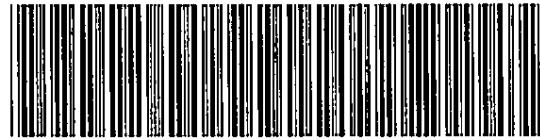
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/17--01011--024 **25.00

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17 AUG 18 AM 11:49
ALLIANCE, FLORIDA

AUG 21 2017

Y. S. KER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zapatomania, 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:

| |
|--|
| Paul A. Barthole |
| Name of Person |
| Barthole Consulting |
| Firm/Company |
| 8900 SW 117TH AVE, Suite C-108 |
| Address |
| Miami/FL/33186 |
| City/State and Zip Code |
| alonsopaez@hotmail.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Paul A. Barthole at (786) 467-9454

| Name of Person | Area Code | Daytime Telephone Number |
|------------------|-----------|--------------------------|
| Paul A. Barthole | 786 | 467-9454 |

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**

Zapatomania, 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 05/12/14 and assigned
Florida document number L14000077013.

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)

8321 W Flager Street

Miami, FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13117 NW 107TH AVE

Suite #9

Hialeah Gardens, FL 33018

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:

Alonso Paez

New Registered Office Address:

13117 NW 107TH AVE, Suite #9

Enter Florida street address

Miami

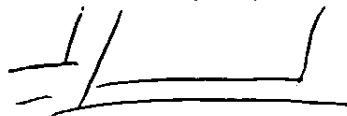
City

Florida 33018

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 | P & P Smart Ventures LLC | 13117 NW 107TH AVE, Ste. #9 | <input checked="" type="checkbox"/> Add |
| | | Hialeah Gardens, FL 33018 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Culicetto, Antonio | 2201 NW 24TH AVE | <input type="checkbox"/> Add |
| | | Miami, FL 33142 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Martinez, Nathy | 2201 NW 24TH AVE | <input type="checkbox"/> Add |
| | | Miami, FL 33142 | <input checked="" type="checkbox"/> Remove |
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11 AUG 30 AM 11:48
CLERK OF DISTRICT COURT
MILWAUKEE, WISCONSIN

17 AUG 18 AM 11:49
ALABAMA STATE FLORIDA

17 AUG 18 AM 11:49
ALABAMA STATE TROOP

(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)

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

08/16/17

Signature of a member or authorized representative of a member

Alonso Pacz

Typed or printed name of signee