L14000077013

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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DIVISION OF CO. P. 3: 11

M. MILLIGAN **SEP -** 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2017

PAUL A. BARTHOLE || 8900 SW 117TH AVE, SUITE C-108 MIAMI, FL 33186 ||

SUBJECT: ZAPATOMANIA, LLC Ref. Number: L14000077013

We have received your document for ZAPATOMANIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on the document does not match the name associated with this document number according to our records. Please see printout.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 317A00017153

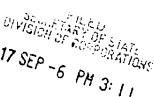
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COVER LETTER

	Registration Sec Division of Corp		•	•
SUBJEC	Zapatomania T:	, LLC		
SOBJEC	l:	Nam e of	Limited Liability Company	
The enclo	sed Articles of A	 Amendment and fee(s) a re }	submitted for filing.	
Please ret	turn all correspor	idence concerning this ima	itter 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.cc	om sss: (to be used for future annual report not	ification)
For further	er information co	ncerning this matter, plea	se call:	
Paul A. F	Barthole		786 467-9454	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of State	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpe Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

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



Zip Code

Zapatomania , LLC		,
(Name of the Limited	Liability Compa	ny as it now appears on our records.) Liability Company)
	v riorida Elimned L	паонну Сопрану)
The Articles of Organization for this Limited Lial	bility Company	were filed on $09/2/2014$ and assigned
Florida document number <u>L14000077013</u>	<u>3</u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liabi	ility company here:
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
	hle:	9533 W Flager Street
(Principal office address MUST BE A STREET		Miami, FL 33174
	71DDRDSSy	
Enter new mailing address, if applicable:		13117 NW 107TH AVE
(Mailing address MAY BE A POST OFFICE B	 F. ROY	Suite #9
Truming duaress with 125 H 1 GH 1 GF 1 GE 1	<u>0717</u>	Hialeah Gardens, FL 33018
		fice address on our records, enter the name of the nev
registered agent and/or the new registered offi	ce address hero	<u>s</u> :
Name of New Registered Agent:	Alonso Paez	
New Registered Office Address:	13117 NW 107	TH AVE, Suite #9
		Enter Florida street address
	Miami	, Florida 33018

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.

City

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to from our records:	o manage, enter the title, name, and address	of each person being add
MGR = M: AMBR = At	anager uthorized Member	· ·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	P & P Smart Ventures LLC	13117 NW 107TH AVE, Ste. #9	⊟ Add
		Hialeah Gardens, FL 33018	□ Remove
			Change
MGR	Culicetto, Antonio	2201 NW 24TH AVE	
		Miami, FL 33142	_ ■ Remove
			Change
MGR	Martinez, Nathy	2201 NW 24TH AVE	
		Miami, FL 33142	Remove
		13117 NW 107TH AVE, S HIALEAH GARDENS, FL	Change STE, #9
<u>MGR</u>	PAEZ, ALONSO	HIALEAH GARDENS, FL'	33 <u>018</u> ■ Add
			☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			Change
			□ Remove

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	ling any other information, en	er change(s) here: (Attach additional sheets, if necessary.)
i). Il ameno	any other information, en	er enange(s) nere: (//muen adamona sneets, ij neeessary.)

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E. Effective	date, if other than the date of	 filing:(optional)
(If an effect	ive date is listed, the date must be speci	tie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 not meet the applicable statutory filing requirements, this date will not be listed a.
documen	t's effective date on the Departmer	of State's records.
	rd specifies a delayed effect	ive date, but not an effective time, at 12:01 a.m. on the earlier ${f c}$
If the reco	Oth day after the record is f	184
If the record (b) The 9	our day after the record is i	nea.
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(b) The 9	08/16/17	Typed or printed name of signee