

L14000126460

(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:

R.A. Sign

Office Use Only



000289732040

09/06/16--01012--003 **30.00

FILED
2016 SEP 20 A 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

RENNY JOSE ZGHEN RICHE
1034 SW 147 AVE
PEMBROKE PINES, FL 33027

SUBJECT: ZAN GROUP LLC
Ref. Number: L14000126460

We have received your document for ZAN GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00019200

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZAN GROUP 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:

RENNY JOSE ZGHEN RICHE

Name of Person

ZAN GROUP LLC

Firm/Company

1034 SW 147 AVE

Address

PEMBROKE PINES FL 33027

City/State and Zip Code

prestigeplatinum@hotmail.com

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

For further information concerning this matter, please call:

Renny J. Zghen

Name of Person

786 683-1211
at ()

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**

ZAN GROUP 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 08/12/2014

Florida document number L1400012640

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)

1034 SW 147 AVE

PEMBROKE PINES FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1034 SW 147 AVE

PEMBROKE PINES FL 33027

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:

CAROLINA SIKAN BANNA

New Registered Office Address:

1034 SW 147 AVE

Enter Florida street address

PEMBROKE PINES

Florida 33027

City

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

FILED
2016 OCT 20 AM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	ZAN BRBHAN JORGE	16958 SW 92 ST CIRCLLE	<input type="checkbox"/> Add
		MIAMI FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RENNY	SARA MANSOUR ANA CRISTIN	16958 SW 92 ST CIRCLE	<input type="checkbox"/> Add
		MIAMI FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RENNY JOSE ZGHEN RICHE 70'	1034 SW 147 AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAROLINA SIKAN BANNA 30%	1034 SW 147 AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 JUN 27 A 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

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.

Dated

8/31/2016

Signature of a member or authorized representative of a member

Renny Jose Zghen Riche

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DE