

L15000066908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

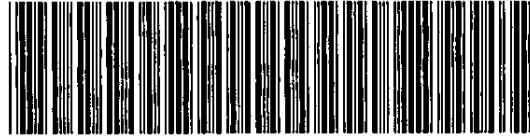
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

[Handwritten signature]
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 30 PM 4: 18
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

November 16, 2015

ANA M MEJIA
14032 NW 15 DR
PEMBROKE PINES, FL 33028

SUBJECT: ZP MANAGEMENT GROUP LLC
Ref. Number: L15000066908

We have received your document for ZP MANAGEMENT GROUP 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):

Page 1 is missing.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00024170

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z P. MANAGEMENT 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:

ANA M. MEJIA
Name of Person

Z P. MANAGEMENT GROUP LLC
Firm/Company

14032 NW 15 DR
Address

PEMBROKE PINES, FL 33028
City/State and Zip Code

MEJIAANAMARIA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA M. MEJIA at 786 457-5253
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**

ZP. MANAGEMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/16/2015 and assigned Florida document number 215000066908

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida _____
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

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	ITALIA PIERDANT	4032 NW 15 DR	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL	<input type="checkbox"/> Remove
		33028	<input type="checkbox"/> Change
MGR	ADA M MESA	4032 NW 15 DR	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL	<input type="checkbox"/> Remove
		33028	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 11/10/2015 (optional)

(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 605.0297 (3)(b)

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

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

11/9/2015

Signature of a member or authorized representative of a member

Alberto Zield Beltran

Typed or printed name of signee

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DEPARTMENT OF STATE
TREASURY (S.E.) (6AID)