

L15000153169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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18 MAR 22 PM 4:02

J. LEGGETT
MAR 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

RAMON COLON
3225 N HIATUS RD #452191
SUNRISE, FL 33345 US

SUBJECT: ZAFRAS HOME INSPECTION LLC
Ref. Number: L15000153169

We have received your document for ZAFRAS HOME INSPECTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 518A00004580

RECEIVED

2018 MAR 23 PM 12:20

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZAFRAS HOME INSPECTION, 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:

RAMON COLON

Name of Person

ZAFRAS HOME INSPECTION LLC

Firm/Company

3225 N HIATUS RD #452191

Address

SUNRISE, FL 33345

City/State and Zip Code

RAMON @ ZAFRASPS.COM

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

For further information concerning this matter, please call:

RAMON COLON

Name of Person

at (305)

Area Code

962-1168

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)

CHECK FOR \$35 WAS ALREADY MAILED.

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**

ZAFRAS HOME INSPECTION

(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 09.14.15 and assigned
Florida document number L15000153169.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ZAFRAS PROPERTY SERVICES LLC

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)

3225 N HIATUS RD #452191
SUNRISE, FL 33345

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3225 N HIATUS RD #452191
SUNRISE, FL 33345

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:

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	RAMON COLON	3225 N HIATUS RD	<input type="checkbox"/> Add
		# 452191	<input type="checkbox"/> Remove
		SUNRISE, FL 33345	<input checked="" type="checkbox"/> Change
MGR	LEYDI VELEZ	3225 N HIATUS RD #452191	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33345	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 MAR 22 PM 4:04

18 MAY 22 PM 4: 02

01.01.18

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 _____, _____

Рамон Соле

Typed or printed name of signee