

۶٠ (R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	<del></del>
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FI OBJECT



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2016

JAIME A. NARANJO 3015 N. OCEAN BLVD, APT 6G FORT LAUDERDALE, FL 33308

SUBJECT: ZUMO REALTY LLC Ref. Number: L15000156892 SECUNDARY DE STOR

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

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 016A00026657

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	ZUMO	REALTY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAIME A. NARANJO		
		Name of Person	•
•	ZUMO REALTY LLC		
		Firm/Company	
	3015 N OCEAN BLVD, A	APT 6G	
		Address	· · · · · · · · · · · · · · · · · · ·
	FORT LAUDERDALE, F	L, 33308	•
		City/State and Zip Code	
	jaime.naranjo@zumorealty.		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
JAIME A. NARANJO		754 707 2063	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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:

:

TO:

**Registration Section** 

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

	ZUMO REALTY LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited 1	, , ,	09/15/2015	and assigned
forida document number			
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	<u> </u>		
THE COURSE WATERS WEST DE ANTRE	ET ADDRESS)	<del></del>	
nter new mailing address, if applicable:		_ <del></del>	·
<u> Mailing address MAY BE A POST OFFICE</u>	<u> </u>	····	
			7
. If amending the registered agent and		our records, <u>enter</u>	the name of the
egistered agent and/or the new registered of	office address here:		ARE R
			ASA CO
Name of New Registered Agent:	ACCOUNTING SERVICE PROVI	DER LLC	SSE 28
New Registered Office Address:	761 W OAKLAND PARK BLVD		9 <b>₹</b> 17
	Enter Florid	la street address	OR S
	OAKLAND PARK	, Florida _3:	
	City	, 1 101 Iua	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

Page 1 of 3

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>	Address	Type of Action
AMBR	JAIME A NARANJO	3015 N OCEAN BLVD APT 6G	
		FORT LAUDERDALE FL 33308	☐ Remove
			■ Change
AMBR	CONSUELO R DUPLAT	3015 N OCEAN BLVD APT 6G	<b>=</b> Add
		FORT LAUDERDALE FL 33308	☐ Remove
			Change
<del></del> -			Add
	•		☐ Remove
		70.	Change
			Remove
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			☐ Change
			□ Add
			□ Remove
			☐ Change

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		D D	
Affective date,	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or more than 9	(optional)	st to 60 <b>5</b> 020
Note: If the da	e inserted in this block does not meet the applicable statutory filing require	ements, this date will not	be listed a
locument's effe	ctive date on the Department of State's records.		
	crifies a delayed effective date, but not an effective time, at ay after the record is filed.	t 12:01 a.m. on the	earlier (
	16		
Dated	\ \	^	

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Typed or printed name of signee

Filing Fee: \$25.00