

L16000078467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

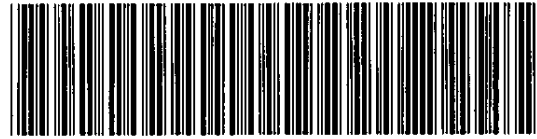
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100285524111

RECEIVED
DEPARTMENT OF STATE
16 MAY - 6 PM 4:21

2016 MAY - 6 A 11: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 09 2016

S. WARREN

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 115698 8091994

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : April 25, 2016

ORDER TIME : 4:0 PM

ORDER NO. : 115698-005

CUSTOMER NO: 8091994

DOMESTIC AMENDMENT FILING

NAME: PORVENIR L.F., LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PORVENIR L.F., 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:

BETTY FERNANDEZ DE ZERPA

Name of Person

PORVENIR L.F., LLC

Firm/Company

4500 CAPITAL BLVD

Address

ST. CLOUD FL 34769

City/State and Zip Code

feseporca@hotmail.com

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

For further information concerning this matter, please call:

BETTY FERNANDEZ DE ZERPA at (**407**) **538-3445**
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**

PORVENIR L.F., 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 04/20/2016 and assigned Florida document number L16000078467.

This amendment is submitted to amend the following:

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

Porvenir Z. F., 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

FILED
2016 MAY -6 A 11 07
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	Garardo J Zerpa Fernandez	4500 Capital Blvd	<input type="checkbox"/> Add
		St. Cloud, FL 34769	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gerardo J. Zerpa Fernandez	4500 Capital Blvd	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34769	<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
			<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
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APR 11 2011
 11:07 AM

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

Name of Business: Porvenir Z. F., LLC & Member Name Spelled Incorrectly, Should be: Gerardo J. Zerpa Fernandez

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 05-05, 2016.



Signature of a member or authorized representative of a member

BETTY FERNANDEZ DE ZERPA

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 MAY -6 A 11:07

FILED