

218000066/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 16 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZAMORAS PEACE WORK 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:

EDGAR ARMANDO ARCILA

Name of Person

XACTO TAX SERVICES LLC

Firm/Company

810 SW GLENVIEW COURT

Address

PORT ST. LUCIE, FL 34953

City/State and Zip Code

xactotax@Gmail.com

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

For further information concerning this matter, please call:

EDGAR ARMANDO ARCILA

772 834-1190
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ZAMORAS PEACE WORK LLC

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRYAN J ZAMORA	2471 SW Webster Lane	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
		90%	<input type="checkbox"/> Change
MGR	RACHEL M UBALS	2471 SW Webster Lane	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input type="checkbox"/> Remove
		10%	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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APR 2 2012
TALLAHASSEE, FLORIDA

18 APR 12 PM 12:11
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

18 APR 12 04 13 49
U.S. DEPT OF STATE
WASHINGTON, FLORIDA

(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 605.0207 (3)(b)

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 APRIL 4TH, 2018

Signature of a member or authorized representative of a member

BRYAN J ZAMORA

Typed or printed name of signee