

U9000151509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

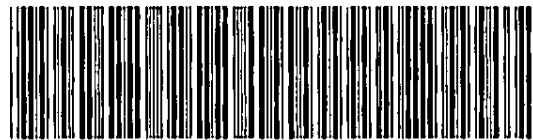
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100370365881

07/02/21--01011--005 **25.00

FILED
2021 AUG 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2021

CARLOS M. ZAPATA BERNAL
8670 SW 149TH AVE
UNIT 116
MIAMI, FL 33193

SUBJECT: CMZ WOOD FLOORS "LLC"
Ref. Number: L18000151509

We have received your document for CMZ WOOD FLOORS "LLC" and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for CMZ WOOD FLOORS "LLC", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Yvette Scott
Document Specialist II

Letter Number: 721A00012783

RECEIVED
JUN 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMZ WOOD FLOORS "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:

CARLOS M ZAPATA BERNAL

Name of Person

CMZ WOOD FLOORS "LLC"

Firm/Company

8670 SW 149TH AVE UNIT 116

Address

MIAMI, FL 33193

City/State and Zip Code

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

For further information concerning this matter, please call:

CARLOS M ZAPATA BERNAL

786

399-3562

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
APR 25 2021

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CMZ WOOD FLOORS "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 06/20/2018 and assigned
Florida document number L13000151509.

This amendment is submitted to amend the following:

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

CMZ SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED
2018 AUG 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

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>
			<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
2021 AUG 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 AUG 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

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 06/21 _____, 2021

CSFB

Signature of a member or authorized representative of a member

MGR CARLOS M. Zapata Bernal
Typed or printed name of signee

Filing Fee: \$25.00