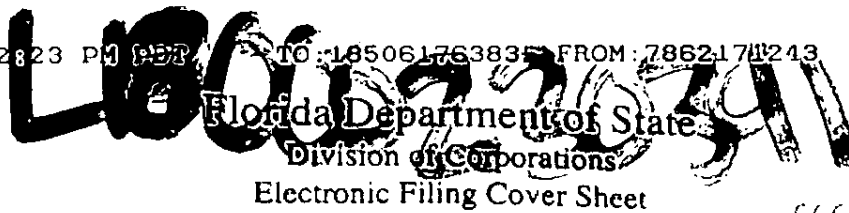


10/3/2018

12:23 PM EDT

TO: 18506176383 FROM: 78621711243

Page: 1



Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

(((H180002866013)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002866013)))



H180002866013ABC%

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : JP GLOBAL BUSINESS
Account Number : I20130000083
Phone : (305)359-3700
Fax Number : (786)217-1243

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: marker@jpbusiness.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZONAMERICA USA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2018 OCT -3 PM 1:09

(((H180002866013)))

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October 3, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ZONAMERICA USA, LLC
3672 BAYVIEW ROAD
COCONUT GROVE, FL 33133US

SUBJECT: ZONAMERICA USA, LLC
REF: L18000230391

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please enter the type of document to be corrected in the third section of the form.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000286601
Letter Number: 918A00020587

COVER LETTER

(CC H180002866013))

TO: Registration Section
Division of CorporationsSUBJECT: ZONAMERICA USA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARISSA SILVEIRA

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

1395 BRICKELL AVENUE, STE 1380

Address

MIAMI, FL 33131

City/State and Zip Code

BRICKELL@JPGBUSINESS.COM

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

For further information concerning this matter, please call:

LARISSA SILVEIRA

Name of Person

305

Area Code

359-3700

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee☐ \$30 Filing Fee &
Certificate of Status☐ \$55 Filing Fee &
Certified Copy☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

(CC H180002866013))

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: ZONAMERICA USA, LLC

SECOND: The Florida Document number of the limited liability company is: L18000230391

THIRD: Document to be corrected is: L18000230391 Articles of Organization

Detail Page
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

none
AUTHORIZED PERSON CORRECTION: DOVAT, ORLANDO AND DOVAT, MARTIN

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☒ The electronic transmission of the record was defective.

Larissa Silva
Signature of Authorized Representative

10/2/2018
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)