



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.

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

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-9108
Fax Number : (305) 381-9109

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

Email Address: LA2@ATTORNEYMAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZENZUAL WOMAN LLC

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

2021 JAN -4 AM 8:18

21 JAN -6 PM 7:01

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZENZUAL WOMAN 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:

Cindy E Calderon

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Avenue, PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

la2@abogadomiami.com

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

For further information concerning this matter, please call:

Cindy E Calderon

305 3818108
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

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	Sofia Carolina Herrera Mendoza	1264 BAYVIEW CIR WESTON, FL 33326	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Klara Angelina Senior Pappe	5429 NW 113TH CT DORAL, FL 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZENZSUAL LLC	1264 BAYVIEW CIR WESTON, FL 33326	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**