

L20000053395

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H21000219046 3)))



H210002190463ABCZ

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To:

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

From:

Account Name : THE TAX GROUP INC
Account Number : I20180000051
Phone : (305) 223-4648
Fax Number : (786) 361-1360

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZARZA ALVAREZ CAR WASH LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 08 07 |
| Estimated Charge | \$25.00 |

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A. LUNT

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6/1/2021 2:07:25 PM PAGE 1/001

THE TAX GROUP
Fax Server



June 1, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ZARZA ALVAREZ CAR WASH LLC
8387 SW 137TH AVE
MIAMI, FL 33183US

SUBJECT: ZARZA ALVAREZ CAR WASH LLC
REF: L20000053395

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Agnes Lunt
Regulatory Specialist III

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Letter Number: 721A00011813

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TALLAHASSEE, FLORIDA

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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: ZARZA ALVAREZ CAR WASH 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:

MABEL ALVAREZ

Name of Person

ZARZA ALVAREZ CAR WASH LLC

Firm/Company

725 NW 133RD AVE

Address

MIAMI, FL 33182

City/State and Zip Code

MITAXGROUP@GMAIL.COM

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MABEL ALVAREZ

786 768-0288

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H 210002190463

ZARZA ALVAREZ CAR WASH 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 02/16/2020 and assigned
Florida document number L20000053395

This amendment is submitted to amend the following:

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

ZARZA ALVAREZ SERVICES 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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

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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 |
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TALLAHASSEE, FLORIDA

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

N/A

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 05/25/2021

[Signature]

Signature of a member or authorized representative of a member

MABEL ALVAREZ

Typed or printed name of signee

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Filing Fee: \$25.00

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