

L20000297388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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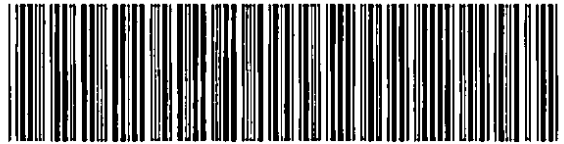
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

ANA MIRANDA VAZQUEZ, 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:

ANA MIRANDA VAZQUEZ

Name of Person

ANA MIRANDA VAZQUEZ, LLC

Firm/Company

6019 CHADBURY WAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

ANA.MIRANDA.VAZQUEZ@ICLOUD.COM

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

For further information concerning this matter, please call:

ANA MIRANDA VAZQUEZ

Name of Person

at

(973) 459 2021

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

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

ANA MIRANDA VAZQUEZ, 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 9/28/2020 and assigned Florida document number L20000297388

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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>
AMBR	ANA MIRANDA VAZQUEZ	1619 CHADBURY WAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTIEL MIRANDA	1619 CHADBURY WAY	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

(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 OCTOBER 09, 2020

Signature of a member or authorized representative of a member

ANA MIRANDA VAZQUEZ

Typed or printed name of signee

Filing Fee: \$25.00

[Florida Department of State](#)

DIVISION OF CORPORATIONS

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Florida Limited Liability Company

ANA MIRANDA VAZQUEZ, LLC

Filing Information

Document Number L20000297388

FEI/EIN Number 85-3290503

Date Filed 09/28/2020

Effective Date 09/21/2020

State FL

Status ACTIVE

Principal Address619 CHADBURY WAY
KISSIMMEE, FL 34744**Mailing Address**619 CHADBURY WAY
KISSIMMEE, FL 34744**Registered Agent Name & Address**MIRANDA VAZQUEZ, ANA M
619 CHADBURY WAY
KISSIMMEE, FL 34744**Authorized Person(s) Detail****Name & Address**Title ~~AR~~ MGRMIRANDA, MARTEL F
619 CHADBURY WAY
KISSIMMEE, FL 34744**Annual Reports**

No Annual Reports Filed

Document Images

09/28/2020 -- Florida Limited Liability

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Amendment:
~~MIRANDA VAZQUEZ, ANA M~~
ADD: ANA MIRANDA VAZQUEZ
AS AMBR
CHANGE: MARTEL MIRANDA
TO MGR