

121 00000 21273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

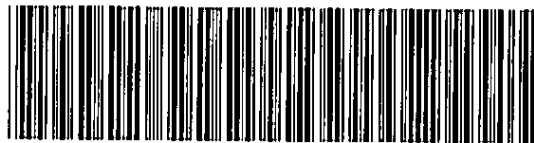
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZUNZUNEGUI REMODELING ENTERPRISES 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:

ATAHUALPA R ZUNZUNEGUI LECHUGA

Name of Person

ZUNZUNEGUI REMODELING ENTERPRISES LLC

Firm/Company

6504 SECRET CT

Address

TAMPA FL 3625

City/State and Zip Code

INFO@ROMANTAXPA.COM

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

For further information concerning this matter, please call:

ATAHUALPA R ZUNZUNEGUI

813 410-2361

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

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

ZUNZUNEGUI REMODELING ENTERPRISES 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 01/01/2021 and assigned
Florida document number L21000021273.

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)

6504 SECRET CT

TAMPA FL 33625

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6504 SECRET CT

TAMPA FL 33625

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:

ATAHULAPA RUBEN ZUNZUNEGUI LECHUGA

New Registered Office Address:

6504 SECRET CT

Enter Florida street address

TAMPA

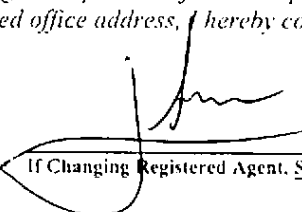
City

Florida 33625

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	ATAHULAPA R ZUNZUNEGUI	C/O ATAHULAPA R ZUNZUNEGUI LECHUGA	<input type="checkbox"/> Add
		6504 SECRET CT	<input type="checkbox"/> Remove
		TAMPA FL 33625	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TAMPA, FLORIDA

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SECRETARY OF STATE
WASHINGTON, D.C.

9/14/2021

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 SEPTEMBER 14 2021

Signature of a member or authorized representative of a member

ATAHUALPA RUBEN ZUNZUNEGUI LECHUGA

Typed or printed name of signee

Filing Fee: \$25.00