

h21 0000 25899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

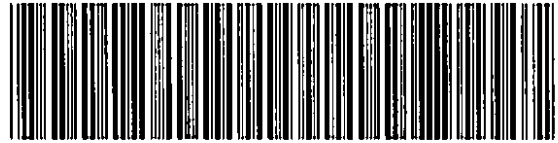
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000364261460

04/19/21--01027--030 **35.01

FILED
2021 MAY 20 PM 3:37
FALLS CHURCH, VA
CLERK OF COURT

D. BRUCE
JUL 01 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 29 PM 2:

June 4, 2021

VICTOR HUGO DE FARIA ZANANI
3700 NW 7TH AVE
POMPANO BEACH, FL 33064

SUBJECT: VZAN ENTERPRISE, LLC
Ref. Number: L21000025899

We have received your document for VZAN ENTERPRISE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 021A00012247

RECEIVED
2021 JUN 20 PM 3:37
FBI/DOJ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VZAN ENTERPRISE, 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:

VICTOR HUGO S DE FARIA ZANANI

Name of Person

VZAN ENTERPRISE, LLC

Firm/Company

3700 NW 7TH AVE

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

ZANANIVICTOR@GMAIL.COM

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

For further information concerning this matter, please call:

VICTOR HUGO S DE FARIA ZANANI

561 563-2508
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2021 MAR 20 PM 3:27

FILED

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

VZAN ENTERPRISE, 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 01/11/2021 and assigned
Florida document number L21000025899.

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2021年11月20日 下午3:37

2021 MAY 20 PM 3:37

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 JUNE 24, 2021

Victor Jarama
Signature of _____

VICTOR HUGO S DE FARIA ZANANI

Typed or printed name of signee