

h220000190018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

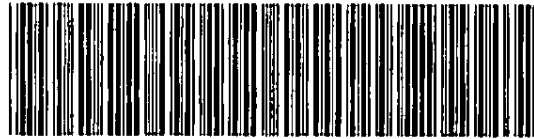
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800391834498

00/11/21-01118-000 +25.00

22 AUG 11 AM 6:53

CLERK OF COURT
DIVISION OF COURT OPERATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leonardo Zayas-Bazan, DPM 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:

Leonardo Zayas-Bazan
Name of Person

Leonardo Zayas-Bazan, DPM LLC
Firm/Company

8440 S. Dixie Hwy, Apt 1404,
Address

Miami, FL 33143
City/State and Zip Code

LZayasbazan.dpm@gmail.com
E-mail address: (to be used for future annual report notification)

22 AUG 11 AM 6:53

SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Kimberly Zavala at (305) 898-2611
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**

Leonardo Zayas-Bazan, DPM 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 4-21-22 and assigned Florida document number L220001900.18

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)

9035 Sunset Drive, Suite 200B
Miami, FL 33173

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9035 Sunset Drive, Suite 200B
Miami, FL 33173

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

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 | Leonardo Zayas-Bazan | 7901 4 th St N, Ste 300 | <input type="checkbox"/> Add |
|------|----------------------|------------------------------------|------------------------------|

| | | | |
|--|--|--------------------------|---------------------------------|
| | | St. Petersburg, FL 33702 | <input type="checkbox"/> Remove |
|--|--|--------------------------|---------------------------------|

| | | | |
|--|--|--|--|
| | | | <input checked="" type="checkbox"/> Change |
|--|--|--|--|

| | | | |
|------|-----------------|-------------------------------------|------------------------------|
| AMBR | Kimberly Zavala | 7901 4 th St. N, Ste 300 | <input type="checkbox"/> Add |
|------|-----------------|-------------------------------------|------------------------------|

| | | | |
|--|--|--------------------------|---------------------------------|
| | | St. Petersburg, FL 33702 | <input type="checkbox"/> Remove |
|--|--|--------------------------|---------------------------------|

| | | | |
|--|--|--|--|
| | | | <input checked="" type="checkbox"/> Change |
|--|--|--|--|

| | | | |
|--|--|--|------------------------------|
| | | | <input 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 |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Remove |
|--|--|--|---------------------------------|

| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

CLERK OF DISTRICT COURT
JULY 11, 2011
AUG 11 AM 6:53
RECEIVED

22 AUG 11 AM 6:53

22 AUG 11 AM 6:53

(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.

Signature of a member or authorized representative of a member

Leonardo Zayas-Bazan

Typed or printed name of signee