

L22000319842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

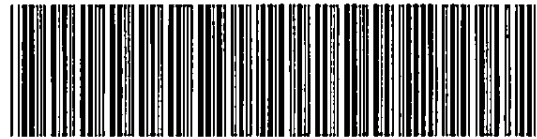
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/23/23--01022--022 \*\*52.50

01/23/23 01022 01 \*\*47.50

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2023 APR 28 AM 11:34  
CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2023

ZAIRA ANALI NUNEZ

515 PLATORO CT SW  
ATLANTA, GA 30331 US

SUBJECT: ZC AMAZON LLC  
Ref. Number: L22000319842

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DIVISION OF STATE  
TALLAHASSEE, FL

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We have received your document for ZC AMAZON LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

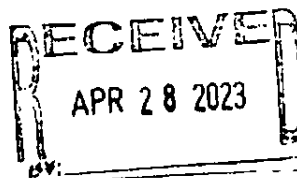
The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 823A00006948



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZC AMAZON 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:

Zaira Anali Nunez

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

515 Platoro Ct SW

\_\_\_\_\_  
Address

Atlanta, GA 30331

\_\_\_\_\_  
City/State and Zip Code

zairachadseller@gmail.com

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

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TALLAHASSEE, FL  
STATE

For further information concerning this matter, please call:

Zaira Anali Nunez

954 648-4805  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ZC AMAZON 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 \_\_\_\_\_ and assigned  
Florida document number L22000319842.

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 "LLC."

**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)**

1827 SW 94th AVE

MIRAMAR, FL 33025

**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:

ZAIRA ANALI NUNEZ

New Registered Office Address:

1827 SW 94th AVE

Enter Florida street address

MIRAMAR

Florida 33025

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	CHAD EPPS	515 PLATORO CT SW	<input type="checkbox"/> Add
		ATLANTA, GA 30331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZAIRA NUNEZ	515 PLATORO CT SW	<input type="checkbox"/> Add
		ATLANTA, GA 30331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	ZAIRA ANALI NUNEZ	1827 SW 94TH AVE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 April 19th, 2023

Zaira Nunez  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Zaira Anali Nunez

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**Filing Fee: \$25.00**