

h22000351519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

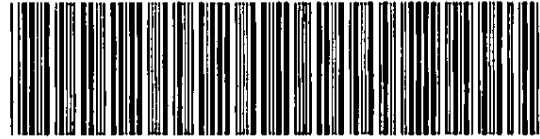
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/15/22--01908--003 **25.00

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2023 JAN 17 AM 9:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2022

DOMENICK LAZZARA, ESQ
1814 N 15TH STREET
TAMPA, FL 33605

SUBJECT: POSAV LLC
Ref. Number: L22000351519

We have received your document for POSAV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

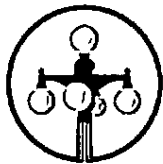
Michael A Hall
OPS Clerk

Letter Number: 922A00027302

2023 JAN 17 PM 2:07

2023 JAN 17 AM 9:42

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DOM LAW PA
THE SMALL BUSINESS ADVOCATES



1814 North 15th Street,
Tampa, FL 33605



+1 813 606 5036



dom@domlaw.com
www.domlaw.com

6 September 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

VIA US PRIORITY MAIL

Re: **BUSINESS DEVELOPMENT FOR POSAV
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, DOCUMENT
NUMBER L22000351519**

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2023 JAN 17 AM 9:42

Dear Registration Section:

On behalf of our client, NICOLAS POSADA CASTANEDA, and as Authorized Representative to POSAV LLC, Florida Document Number L22000351519, please find enclosed with this letter the following documentation:

1. Signed Articles of Amendment to Articles of Organization of POSAV LLC; and
2. Check Number 2277 in the amount of \$25.00 for the requisite filing fee.

Should you have any questions or concerns, please contact me at the above letterhead. Thank you in advance for your attention to this filing.

Yours Truly,

DOM LAW, PA

Domenick G Lazzara, Esq.
Attorney at Law

cc: POSAV LLC (VIA EMAIL)



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POSAV 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:

DOMENICK LAZZARA, ESQ.

Name of Person

DOM LAW, PA

Firm/Company

1814 N 15TH STREET

Address

TAMPA, FLORIDA 33605

City/State and Zip Code

DOM@DOMLAW.COM

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

For further information concerning this matter, please call:

DOMENICK G LAZZARA

813

606-5036

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

2023 JAN 17 AM 9:42

FILED

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

POSAV 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 08/10/2022 and assigned
Florida document number 1.22000351519.

2023 JAN 17 AM 9:42

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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>
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AMBR	NICOLAS POSADA CASTANEDA	39672 DAWSON CHASE DRIVE	<input type="checkbox"/> Add
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		ZEPHYRHILLS, FL	<input checked="" type="checkbox"/> Remove
--	--	-----------------	--

		33540, US	<input type="checkbox"/> Change
--	--	-----------	---------------------------------

AMBR	ANYEL VERANIA HERNANDEZ QUIROS	39672 DAWSON CHASE DRIVE	<input type="checkbox"/> Add
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		ZEPHYRHILLS, FL	<input checked="" type="checkbox"/> Remove
--	--	-----------------	--

		33540, US	<input type="checkbox"/> Change
--	--	-----------	---------------------------------

AMBR	POSAV HOLDINGS LLC	39514 AVIATION AVENUE	<input checked="" type="checkbox"/> Add
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		ZEPHYRHILLS, FL	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

		33542, US	<input type="checkbox"/> Change
--	--	-----------	---------------------------------

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

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

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

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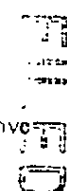
			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

2023 JUN 17 AM 9:52




2023 JAN 17 AM 9:42
FBI
JAN 17 2023

2023 JAN 17 AM 9:42

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.

SEPTEMBER 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee