

h22000351519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

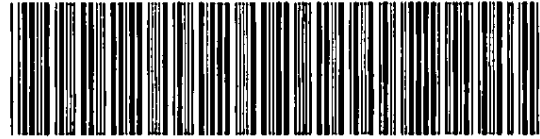
(Document Number)

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

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Office Use Only



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

2023 JAN 17 AM 9:42

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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.

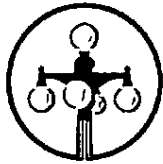
Michael A Hall  
OPS Clerk

Letter Number: 922A00027302

2023 JAN 17 PM 2:07

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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

FILED  
2023 JAN 17 AM 9:42

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

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**

*[Handwritten Signature]*  
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)

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For further information concerning this matter, please call:

DOMENICK G LAZZARA 813 606-5036  
Name of Person at ( ) 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**

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.

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2023 JAN 17 AM 9:42  
TALLAHASSEE, FL

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>
AMBR	NICOLAS POSADA CASTANEDA	39672 DAWSON CHASE DRIVE	<input type="checkbox"/> Add
		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
		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
		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
			<input type="checkbox"/> Remove

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 HILLSBORO COUNTY CLERK  
 HILLSBORO, NC

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

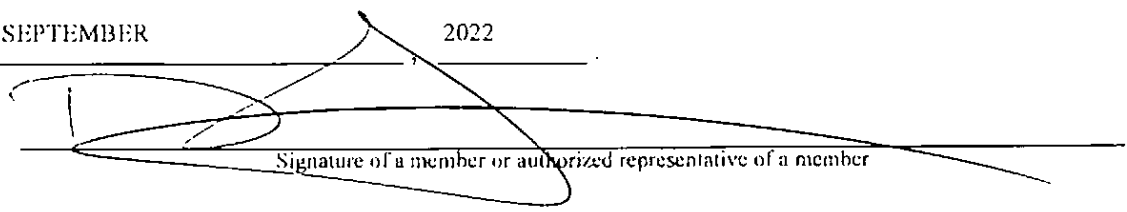
Multiple horizontal lines for amending information.

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2023 JAN 7 AM 9:42  
CLERK OF SUPERIOR COURT  
STATE OF MASSACHUSETTS

E. Effective date, if other than the date of filing: 08/23/2022 (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 6 SEPTEMBER 2022

  
Signature of a member or authorized representative of a member

DOMENICK G LAZZARA, DOM LAW, PA, AS AR FOR POSAV LLC  
Typed or printed name of signee