

L22 000 470 635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

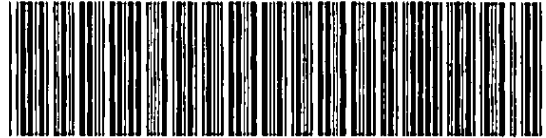
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zamora Lopez Health Aides 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:

Ruth Lopez  
Name of Person

Zamora Lopez Health Aides LLC  
Firm/Company

12932 SW 88<sup>th</sup> Ter, Apt A204  
Address

Miami, FL 33186  
City/State and Zip Code

Maring.d.zamora@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth Lopez at ( 786 ) 392-1089  
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

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ZAMORA LOPEZ Health Aides LLC

**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>
MGR	Ruth Lopez	12932 SW 88 <sup>th</sup> ter, Apt A204	<input checked="" type="checkbox"/> Add
		Miami, Fl 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maring Zamora	6620 Boca Del Mar Dr	<input type="checkbox"/> Add
		Apt 304	<input checked="" type="checkbox"/> Remove
		Boca Raton, Fl 33433	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.

Dated 11/28/2022

*Ruth Lopez*  
Signature of a member or authorized representative of a member

Ruth Lopez  
 \_\_\_\_\_  
 Typed or printed name of signee