

L23000071689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

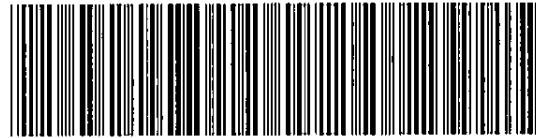
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FL



R. HUNT

02/28/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ZONA CONSTRUCTOR 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:

MARIA DEL SOL MACIAS

Name of Person

Firm/Company

742 GILBERT AVE S

Address

LEHIGH ACRES FL 33973

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA DEL SOL MACIAS 248  
Name of Person at ( ) Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

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2003 FEB 28 PM 4:15  
TALLAHASSEE, FL

## ZONA CONSTRUCTOR LLC

ZONA CONTRACTOR 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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NOTICE  
JAN 28 PM 4:15  
STATE OF FLORIDA  
TALLAHASSEE, FL

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

the company name was misspelled. How it was written: Constructor Zone LLC

The letter s in the word Constructor must not be

and how it should be: Zona Contractor LLC

Thanks for your help

FILED  
2023 FEB 28 PM 4:15  
CLERK OF STATE  
TALLAHASSEE, FL

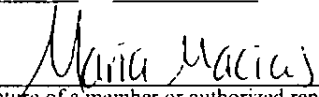
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 February 18th 2023

  
Signature of a member or authorized representative of a member

Maria Del Sol Macias

Typed or printed name of signee

**Filing Fee: \$25.00**