

L24000066759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

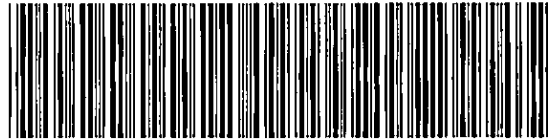
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Money was put back into Capital Connections Account 01/30/25 dcc

Office Use Only



900440398179

LLC Amend

FILED  
2024 DEC -3 PM 1:00  
CLERK OF STATE  
TALLAHASSEE, FL 32301  
VOID

A. RAN...  
DEC 4 2024

FILED  
2024 DEC -3 PM 3:20  
CLERK OF STATE  
TALLAHASSEE, FL 32301

DUPLICATE FILING

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Thank you Seth Neeley

# VOID

# DUPLICATE FILING

\_\_\_\_\_ Art of In. File \_\_\_\_\_  
 \_\_\_\_\_ LLD Partnership File \_\_\_\_\_  
 \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
 \_\_\_\_\_ LLC File \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
 \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
 \_\_\_\_\_ Merger File \_\_\_\_\_  
 \_\_\_\_\_ ☒ Art. of Amend. File \_\_\_\_\_  
 \_\_\_\_\_ RA Resignation \_\_\_\_\_  
 \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
**TE FILING**  
 \_\_\_\_\_ Annual Report / Financial Statement \_\_\_\_\_  
 \_\_\_\_\_ Cert. Copy \_\_\_\_\_  
 \_\_\_\_\_ ☒ Photo Copy \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
 \_\_\_\_\_ ☒ Certificate of Status \_\_\_\_\_  
 \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
 \_\_\_\_\_ Corp Record Search \_\_\_\_\_  
 \_\_\_\_\_ Officer Search \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Search \_\_\_\_\_  
 \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
 \_\_\_\_\_ Vehicle Search \_\_\_\_\_  
 \_\_\_\_\_ Driving Record \_\_\_\_\_  
 \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
 \_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
 \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
 \_\_\_\_\_ Courier \_\_\_\_\_

Signature

Requested by:

Name	Date	Time
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Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZAMORAS ACQUISITION LLC

Name of Limited Liability Company

# VOID

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE ESCOBAR ZAMORA

Name of Person

ZAMORAS ACQUISITION LLC

Firm/Company

992 SUMMER GLEN DR

# DUPLICATE FILING

WINTER HAVEN, FL 33880 UN

City/State and Zip Code

jzinzamorarealtor@gmail.com

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

For further information concerning this matter, please call:

JORGE ESCOBAR ZAMORA

863

210-8958

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**

ZAMORAS ACQUISITION LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
2024 DEC -3 PM 1:00  
**VOID**

The Articles of Organization for this Limited Liability Company were filed on 02/06/2024 and assigned  
Florida document number 124000066759.

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</u>	<u>Action</u>
MGR	RAFAEL MUNERO ANGULO	1811 OAKHILL ST	VOID	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33815		<input type="checkbox"/> Remove
				<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

DUPLICATE FILING

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

# VOID

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

(b) an effective date is listed, the date must be specific and cannot be prior to date of filing or, except in a 90-day period after filing. Pursuant to 605.020(c), the effective date must be specific and cannot be prior to date of filing or, except in a 90-day period after filing.

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.

(b) The 90th day after the record is filed.

Dated

21/25/2024  
Signature of a member or authorized

Signature of a member or authorized representative of a member

JORGHE ESCOBAR ZAMORA

Typed or printed name of signer \_\_\_\_\_