

L24000161797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

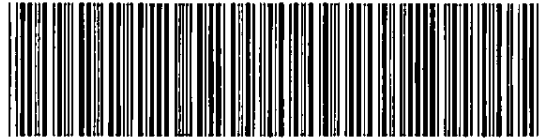
(Document Number)

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9-16-24

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900434519979

09/09/24--01017--011 **52.50

03/23/24--01007--001 **7.50

FILED
2024 SEP 16 PM 4:30
SECRETARY OF STATE
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2024

SEBASTIAN ZAPATA
3337 W 91 TERRACE
HIALEAH, FL 33018

SUBJECT: LIVING PRESTIGE SERVICES LLC
Ref. Number: L24000161797

We have received your document for LIVING PRESTIGE SERVICES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 424A00018069



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVING PRESTIGE SERVICES 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:

SEBASTIAN ZAPATA

Name of Person

Firm/Company

3337 W 91 TERRACE

Address

HIALEAH, FL 33018-2009

City/State and Zip Code

sebastian.zapata87@hotmail.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

SEBASTIAN ZAPATA

786 6448882
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)

Additional \$7.50

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**

LIVING PRESTIGE SERVICESLLC.

(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 04/09/2024 and assigned
Florida document number L24000161797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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	ANAMARIA ARANGO MESA	3337 W 91 TERRACE	<input type="checkbox"/> Add
		HIALEAH FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEBASTIAN ZAPATA	3337 W 91 TERRACE	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN E. ZAPATA	3337 W 91 TERRACE	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SEBASTIAN ZAPATA IS BEING NAMED AS AUTHORIZED MEMBER MANAGER

SEBASTIAN ZAPATA AND JUAN E. ZAPATA HAVE A OPERATING AGREEMENT IN PLACE.

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TALLAHASSEE, FL

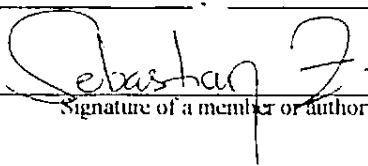
E. Effective date, if other than the date of filing: 7/26/2024 **(optional)**

(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 7/26/24



Signature of a member or authorized representative of a member

SEBASTIAN ZAPATA / AUTHORIZED MEMBER MANAGER /CEO

Typed or printed name of signee