

114000000694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

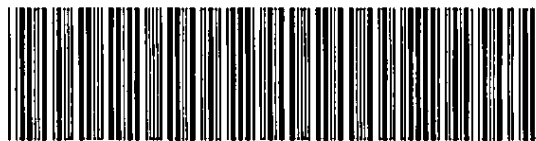
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 FEB - 2 P 12 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
FEB 6 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zephyr Dairy LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur Marquez
Name of Person

Zephyr Dairy
Firm/Company

P O Box 2
Address

Jacksonville FL 32234
City/State and Zip Code

ahmjr1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Marquez at (904) 483-2650
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

* Please return the
email address to
ahmjr1@gmail.com
in your return
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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State, Zephyr Dairy LLC

Enter new principal office address, if applicable:

457 Chestnut St. N
Baldwin FL 32234

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO Box 2
Jacksonville FL 32234

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000000

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 1-31-14

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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:

Arthur Marquez

New Registered Office Address:

457 Chestnut St. N

Enter Florida Street Address

Baldwin
City

Florida

32234
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

Arthur Marquez

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Arthur Marguer

Typed or printed name of signee

RECEIVED

FEB 02 2018

Filing Fee: \$25.00