

M7140000000695

(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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08/23/17--01021--016 **25.00

FILED
2017 OCT 25 P 4:34
FALLMUSSE, H. GARDY

OCT 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 OCT 25 PM 12:57

September 18, 2017

ARTHUR MARQUEZ
PO BOX 2
JACKSONVILLE, FL 32234

SUBJECT: ZEPHYR FARMS LLC
Ref. Number: M14000000695

We have received your document for ZEPHYR FARMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

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) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00018907

2017 OCT 25 PM 12:34
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/25/17 BY 60322

FILED

COVER LETTER

DP

TO: Registration Section
Division of Corporations

SUBJECT: Zephyr Farms 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:

* Please change the
email address to
ahmjrl@gmail.com
on your records.

Arthur Marquez
Name of Person

Zephyr Farms
Firm/Company

P O Box 2
Address

Jacksonville FL 32234
City/State and Zip Code

ahmjrl@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

2017 SEP 15 AM 12:02
FILED
TALLAHASSEE, FLORIDA
2017 OCT 25 P 4:30
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 Farms LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

457 Chestnut St. N.
Baldwin FL 32234

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

PO Box 2
Jacksonville FL 32234

2. The Florida document number of this limited liability company is: M14000000695

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," "L.L.C." 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," "L.L.C." 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

Zip Code

32234

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.

Arthur Marquez
If Changing Registered Agent, Signature of New Registered Agent

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

n/a

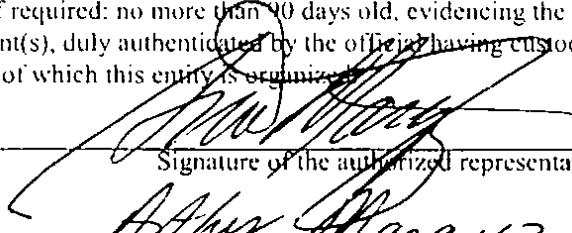
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

n/a

<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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FILED
2017 OCT 25
FALLS CHURCH, VA
4:31 PM
Add
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Add
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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 Marquez
Typed or printed name of signee

Filing Fee: \$25.00