M16000002143

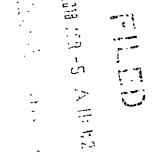
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000311355100

04/05/18--01017--001 **80.00



COVER LETTER

TO: 'Regist Division	lation Section on of Corporations						
SUBJECT: _	Zufer Investment						
	Name of Foreign	Limited Liabili	ty Company	<i>t</i>			
Dear Sir or M	adam:						
The enclosed	application, certificate and fee(s) as	re submitted for	filing.				
Please return a	all correspondence concerning this	matter to the fo	llowing:				
Mayra	a Rivero						
	Name of Person						
Zufer	Investments, LLC						
	Firm/Company	-					
1 SE :	3rd Avenue, Suite	2920					
	Address						
Miami	i, Florida 33131						
	City/State and Zip Code				_		
aiza.z	uniga@aol.com			;	1		`\ {`.
	ress: (to be used for future annual r	eport notification	on)			الله الله الله الله الله الله الله الله	
						۳ ال ح	
	formation concerning this matter, p		445 (744			`~=
wayra		at (445-9			60 14.	
	Name of Person	Area Code &	& Daytime T	'elephone N	lumber		
Regist Divisi Cliftot 2661 l	CET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle hassec, Florida 32301		Registration of P.O. Box (f Corporation	ons		
Enclosed is a ☐ \$25 Filing	check for the following amount: Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Certified	•	S60 Filir Certifica Certifie	ate of S		

CR2E055 (9/15)

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)

Name of limited liability Comp 7. for the control of the con		on the record	ls of the Florida I	Department of	
State: Zufer Investmer	nts, LLC				
Enter new principal office address	, if applicable:	1 SE 3	d Avenue, S	Suite 2920	
(Principal office address MUST BE A STREET ADDRESS)		Miami,	Florida 3310	31	
Enter new mailing address, if apple	icable:		d Avenue, S		
MAY BE A POST OFFICE BOX)	Miami,	Florida 331	31	-
2. The Florida document number of	of this limited lial	bility compan	y is: _M1600	0002143	
3. Jurisdiction of its organization:	Nevada				
4. Date authorized to do business	in Florida: Ma	arch 14, 2	2016		
000000000000000000000000000000000000000					ح د
5. New name of the limited liabili	ty company:(must	contain "Lin	nited Liability Co	mpany. ""L.L.C" or	<u>=</u> ::\underset \underset
(If name unavailable, enter alterna copy of the written consent of the must contain "Limited Liability Co	managers or man	aging memb	ers adopting the a		
6. If amending the registered agent registered agent and/or the new registered agent age	t and/or registere gistered office ad	d officer add: dress here;	ess on our record	ls, enter the name of the	he new
Name of New Registered Agent:	Mayra Riv	ero			
New Registered Office Address:	1 SE 3rd A	venue, S	uite 2920		
			Enter Floria	la Street Address	
	<u>N</u>	<i>l</i> liami		, Florida <u>3313</u> <i>Zip C</i>	<u>1</u>
			City	Zip C	lode -
New Registered Agent's Signature I hereby accept the appointment at the provisions of all statutes relati and accept the obligations of my p document is being filed to merely i liability company has been notified	s registered agen we to the proper o osition as registe reflect a change of	nt and agree to and complete ered agent as in the register is change.	o act in this capa performance of r provided for in C	my duties, and I am fa Chapter 605, F.S. Or, i s, I hereby confirm tha	miliar with if this
	If CI	hanging Regi	stered Agent, Sign	nature of New Registe	red Agent

le/ Capacity	Name	Address	Type of Action
-	Aiza Ruth Zuniga Cruz	1 SE 3rd Avenue, Suite 2920, Miami, FL 33131	Add
			Remo
	Juan Carlos Alarcon		Add
		9600 NW 38 Street, Suite 303, Miami, FL 33178	Remo
			Add
		t.	Remo
		·	Add
		<u> </u>	Remov
			Add
		<u> </u>	Remo

Filing Fee: \$25.00

Typed or printed name of signee