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ALLAHASSEE, FLO

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Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT:	Zodino. L	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kelvin (Name of Person	
	Zodiyo	, LCC Firm/Company	Illowing: Illowing: Important Survey of Person ROE ST. SUITE 800 Address EE, FL 32301 ate and Zip Code Interfigure annual report notification) It Area Code Daytime Telephone Number S.00 Filling Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section
	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Kelvin Chambers		
	TALL		
	Chambers Mo	· · · · · · · · · · · · · · · · · · ·	Di J. LUM fication)
For further information e	oncerning this matter, please ca	all:	
Kelvin Ch	am 213	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th			
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF 23 AUG -7 AM D: 32

Zodillo.	116	Assertant of St.	. 32 672
(Name of the Limited Liability	v Company as it now app Limited Liability Compan	nears on our feedra E. Fl. O.	RIVA
The Articles of Organization for this Limited Liability Co		10/01/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit Chambers Management Grow The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS.	UB, LLC led Liability Company." (I		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on ou	r records, enter the nam	e of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter i	Florida spyet address	
		. Florida	
 _	Cuy	Fiorida	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>	Address	Type of Action
			□Remove
			Change
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
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			□Remove
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		Marie Company	□Add
			□Remove
			□Change

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Tective date, if other than an effective date is listed, the date ofte: If the date inserted in this ocument's effective date on the	must be specific and can s block does not meet	inc paior to date of t t the applicable statu	titing or more than 90 day	(optional) ys after filing.) Pursuant to ts, this date will not be	605.0207 (listed as t
record specifies a delayed effer is filed.	ctive date, but not an	effective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day a	ifter the
ned 3/7/23		<u> </u>			
	The state of the s	~			
	Signature of a mem	ther or authorized repr	esentative of a member		•

Filing Fee: \$25.00