

M18 000011291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

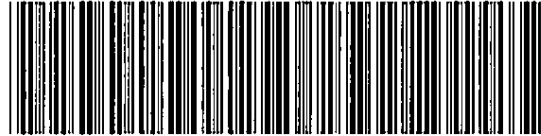
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



700409483777

FILED

2023 JUN 30 PM 1:26

STATE
CLERK, FL



2023 JUN 30 PM 3:35

CLERK, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 775181 7466597

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 30, 2023

ORDER TIME : 10:52 AM

ORDER NO. : 775181-010

CUSTOMER NO: 7466597

FOREIGN FILINGS

NAME: ZUTEK LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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: Zutek LLC

Enter new principal office address, if applicable: Zutek LLC

(Principal office address
MUST BE A STREET ADDRESS) 2510 51st Ave E., Suite 112
Palmetto, FL 34221

Enter new mailing address, if applicable: Zutek LLC

(Mailing address
MAY BE A POST OFFICE BOX) 2510 51st Ave E., Suite 112
Palmetto, FL 34221

2. The Florida document number of this limited liability company is: M18000011291

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 12/3/18

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee, Florida 32301
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.

Alexis Weiland-Jensen, ACP

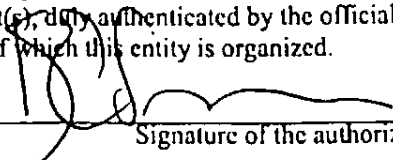
If Changing Registered Agent, Signature of New Registered Agent

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>
Member	Karen Sammon	3330 Fountain Street	☒ Add
		Clinton, NY 13323	☐ Remove
Member/CEO	Jacob B. Horwitz	4115 E. Hillcrest Drive	☐ Add
		Westlake Village, CA 91362	☒ Remove
Manager	Jorge Palma	1180 8th Ave W., Suite 141	☐ Add
		Palmetto, FL 34221	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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
Karen Sammon, Member

Typed or printed name of signee

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FL