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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZEROCHAOS, LLC

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MAR 17 2021

M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZeroChaos, LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000118961</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The distinguishable and contain the words "Limited Light	fire Commany," the designation "LLC" or	the abbreviation "L.L.C."
	420 S. Orange Avenue	
Enter new principal offices address, if applicable:	Orlando, FL 32801	
(Principal office address MUST BE A STREET ADDRESS)		: 2
en	420 S. Orange Avenue	1816 - C
Enter new mailing address, if applicable:	Orlando, FL 32801	736; 3 5
(Mailing address MAY BE A POST OFFICE BOX)	### Apany were filed on 12/13/2005 and assigned and assig	
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:	***************************************	
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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.

_ Change

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>	Name	Address	Type of Action
President, CEO	Burke, James P	420 S. Orange Avenue	□Add
		Orlando, FL 32801	Remove
		(ADDRESS UPDATE)	■ Change
COO, Asst. Secretary	Brady, Mark D	420 S. Orange Avenue	🖸 Add
		Orlando, FL 32801	□Remove
		(ADDRESS UPDATE)	≡ Change
Treasurer	Brooks, Chad E	420 S. Orange Avenue	□Add
		Orlando, FL 32801	□Remove
		(ADDRESS UPDATE)	■ Change
Secretary	Passanisi, Michael	420 S. Orange Avenue	□Add
		Orlando, FL 32801	□Remove
		(ADDRESS UPDATE)	≅ Change
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ffective date, if other than the dian effective date is listed, the date must be stee: If the date inserted in this blococument's effective date on the Dep	e specific and cannot be prior to date of filing or n k does not meet the applicable statutory filir	(optional) nore than 90 days after filing.) Pursuant to 605.026 ng requirements, this date will not be listed a	07 (3) as the
record specifies a delayed effective d is filed.	late, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the	c
March 16	2021		
Dated			
ZIII	ignature of a member or authorized representativ		

Filing Fee: \$25.00