L08000033378

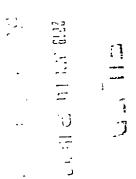
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

	istration Sec ision of Corp		• •	
	LLC NAME	E CHANGE		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		FRANCISCO CABREJA		
			Name of Person	
		ZINTAX INSURANCE		1,
Firm/Company				
		2153 S.W. 155TH AVENU	JE	
			Address	
		MIAMI, FLORIDA 33185	;	٠.
		FCABREJA@ZINTAXCO		<u> </u>
For further in	nformation co	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
	O CABREJA		305 450 9921 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: ation Section	STREET/COURIE Registration Section Division of Corpora	1

Division of Corporations
P.O. Box 6327
Tellahaman FL 22214

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZINTAX INSURANCE		
(<u>Name of the Limited Liabii</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	1
The Articles of Organization for this Limited Liability (Company were filed on 11/15/2018	and assigned
Horida document number L08000033378	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ZINTAX CONSULTING LLC		¬
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Ç	, , , ,	<u>.</u>
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	- }
		
		- : ::
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Midding dudress MAT BE AT 031 OTTICE BOA	-	
B. If amending the registered agent and/or regi		enter the name of the
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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ective date, if other than the d	ate of filing:	e of filing or more than 90 days after fili	al) ng) Pursuant to 605 020
e: If the date inserted in this bloc ument's effective date on the Dep	ck does not meet the applicable s	statutory filing requirements, this da	ite will not be listed a
ument's effective date on the Dep	artificia of state's records.		
		effective time, at 12:01 a.n	n. on the earlier
he 90th day after the reco	d is filed.		
JANUARY 9.	2019		
	 	1 / /	
	1. 11/1/2	, /	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00