

L080000115361

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(Address)

(Address)

(City/State/Zip/Phone #)

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JAN 27 2009

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09 JAN 26 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zoja Holdings, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Diem
(Name of Person)

Zoja Holdings
(Firm/Company)

700 S. Harbour Island Blvd #509
(Address)

Tampa, FL 33602
(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Diem at (813) 505-8646
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Zoja Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/18/08 and assigned Florida document number L08000115361.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 W. Platt St. #229
Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 W. Platt St. #229
Tampa, FL 33606

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Guja, Michael J
31564 US 19 North
(Enter Florida street address)

Palm Harbor, Florida
(City)

FILED
09 JAN 25 AM 8:34
ALABAMA
34684
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

(check spelling error on sunbiz.com)

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 608, 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)

same person error on sunbiz.com
only switched first/last name.

Name is Michael J. Guja

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kottunoy, Oleg	700 S. Harbour Island Blvd 509 Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Diem, Amanda	700 S. Harbour Island Blvd 509 Tampa, FL 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Diem, Amanda	301 W. Platt St. #229 Tampa, FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

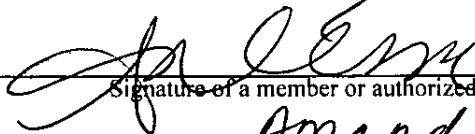
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

only manager/member should be:
Amanda Diem (MGRM)

Dated

1/21

2009



Signature of a member or authorized representative of a member

Amanda Diem

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 26 AM 8:16

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