

L11 000122 083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

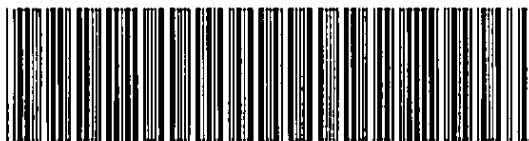
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/23/21
TM

Office Use Only



700364265607

04/17/21--61009--002 **25.00

21 AUG -4 PM 3:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG -4 AM 10:43

June 4, 2021

STEVEN L. ZAKROCKI
1510 N PONCE DE LEON BLVD STE B
ST. AUGUSTINE, FL 32084

SUBJECT: STEVEN L. ZAKROCKI, P.L.
Ref. Number: L11000122083

We have received your document for STEVEN L. ZAKROCKI, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 321A00012233

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steven L. Zakrocki, P.L.
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:

Steven L. Zakrocki
Name of Person

Steven L. Zakrocki, P.L.
Firm/Company

1510 N. Ponce de Leon Blvd., Suite B
Address

St. Augustine, FL 32084
City/State and Zip Code

steve@zakrockilaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven L. Zakrocki at (904) 201-4149
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Steven L. Zakrocki, P.L.

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

21 AUG -4 PM 3:10

The Articles of Organization for this Limited Liability Company were filed on 10/26/2011 and assigned
Florida document number L11000122083

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 contain 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)

1510 N. Ponce de Leon Blvd.
Suite B
St. Augustine, FL 32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1510 N. Ponce de Leon Blvd.
Suite B
St. Augustine, FL 32084

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:

Steven L. Zakrocki

New Registered Office Address:

1510 N. Ponce de Leon Blvd, Suite B

Enter Florida street address

St. Augustine

City

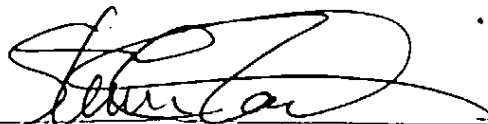
Florida

32084

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.



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

21 AUG -4 PM 3:10

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

□ Change

☐ Add!☐ Remove

Ref: 176180

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

21 AUG -4 PM 3:10

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

July 30

2021



Signature of a member or authorized representative of a member

Steven L. Zakrocki

Typed or printed name of signer