

L120000 42099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

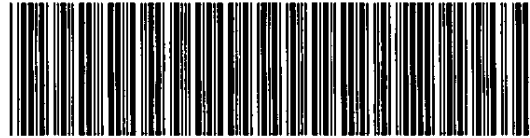
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16 APR 18 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3:00 PM

2216 APR 18 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 26 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ZEN SAIL 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:

GARY ROSSMAN

\_\_\_\_\_  
Name of Person

ZEN SAIL LLC

\_\_\_\_\_  
Firm/Company

1404B E LAS OLAS BLVD #30418

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33301

\_\_\_\_\_  
City/State and Zip Code

garyrossman@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY ROSSMAN

954 5925050  
at ( )

\_\_\_\_\_  
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

## ZEN SAIL LLC

Page 1 of 3

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 APR 1973 PM 2:11  
19 APR 1973 PM 2:11  
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19 APR 1973 PM 2:11

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

APRIL 13TH, 2016



Signature of a member or authorized representative of a member

GARY ROSSMAN

Typed or printed name of signee

16 APR 18 PM 2:11  
STORIAN OF STATE  
TALLAHASSEE FLORIDA