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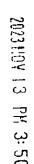
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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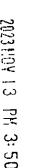
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PAYLESS CONSTRUCTION ZLC 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:
ZUIS COCOOVA Name of Person
PAY/PSS CONSTRUCTION ZAC
1980 MV 444 ST Address
Deep Field BEACH FL 33064 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 205-1060 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 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

(Name of the Limited Link	ility Company as it	now appears on our t	ecords.)		
(A Flor	ida Limited Liability	Company)			
The Articles of Organization for this Limited Liability Florida document number		iled on APRI	14, 2014 ar	id assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability co	mpany here:			
The new name must be distinguishable and contain the words "I	imited Liability Com	pany," the designation	"LLC" or the abbreviat	on "L.L.C	,,,
Enter new principal offices address, if applicable:					رن ^ت
(Principal office address MUST BE A STREET AD	DRESS)			2023	
				- VO	
Enter new mailing address, if applicable:				<u>ري</u>	
(Mailing address MAY BE A POST OFFICE BOX)				PH 4:	
				50	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office addres e:	s on our records,	enter the name of t	<u>ne new r</u>	<u>egistered</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street	address		
			, Florida		
	C	ity	Zip	Code	
New Registered Agent's Signature, if changing Regist					
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete perfo d agent as provid tered office addr	rmance of my aut led for in Chapter	nes, ana 1 am jamu r 605. F.S. Or, if thi	s docum	ent is

If 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	SUPPE JAMES STEVEN	1980 NW 944ST	EJAdd
		Deen Field Beach FL 33	<u>064.</u> □ Rеточе
			Change
			□Add
			□Remove
			[] Change
		<u> </u>	□Add
			□Remove
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			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	<u></u>
(If an Note	ctive date, if other than the date of filing: (optional) 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)(1) E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the innert's effective date on the Department of State's records.
If the rec record is	filed.
Date	d 11-7 2 , 2023
	Cardoon
	Signature of a member or authorized representative of a member
	Luis conoova.