

L14000153371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

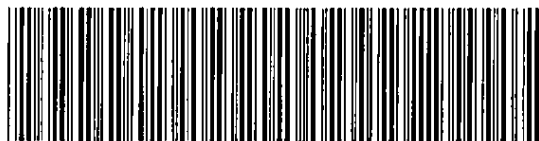
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2023 AUG - 7 AM 9:58

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Zodiy, 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:

Kelvin Chambers

Name of Person

Zodiy, LLC

Firm/Company

101 N. MONROE ST. SUITE 800

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

Chambers Mgmt Group LLC @ gmail.com

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

For further information concerning this matter, please call:

Kelvin Chambers

Name of Person

at (_____)

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 Address:

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

23 AUG -7 AM 10: 32

DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322
UNCLAS

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

[illegible]

[illegible]

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.

Dated 8/7/23

Kelvin Chambers

Typed or printed name of signee

Filing Fee: \$25.00