

L15000110290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

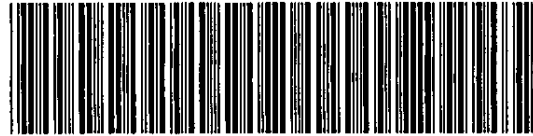
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2017 APR -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 16 AM 8:23

TALLAHASSEE, FLORIDA

K. SALY

APR -5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2017

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC
ANGELA MACK
2295 S HIAWASSEE RD, STE. 407F
ORLANDO, FL 32835

SUBJECT: ZOE EVENTS, LLC
Ref. Number: L15000110290

2017 APR -4 PM 2:12
TALLAHASSEE, FLORIDA

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

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00005200

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZOE EVENTS, 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:

ANGELA MACK
Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC
Firm/Company

2295 S HIAWASSEE RD SUITE 407F
Address

ORLANDO-FLORIDA 32835
City/State and Zip Code

CREATRIX@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK at (407) 403-3339
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

ZOE EVENTS, LLC

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

FILED
2017 APR -4 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2015 and assigned
Florida document number L15000110290

This amendment is submitted to amend the following:

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

N/A

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GRACIANA MARGARITA SILVA	14402 ESTRELLA DR	<input checked="" type="checkbox"/> Add
		ORLANDO-FLORIDA 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA FERNANDA FRANCO	8865 COMMODITY CIRCLE STE 08	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 14 PM 3:49
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TALLAHASSEE, FLORIDA
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

March 03, 2017

Jurone Andrew Jones
Signature of a member or authorized representative

Signature of a member or authorized representative of a member:

Jerome Andrew L. Jones
(Typed or printed name of signer)

Typed or printed name of signer