L16000028959

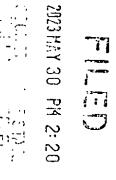
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400409379774

05/30/23--01029--001 **25.00



Y. SCOTT
JUL 2 2 2023

ZIV LLC

ZIV LLC 246 West Broadway New York NY 10013

212-660-0900 Phone

Delle Mediodia delle@bigfoot.com

212-468-5465 Direct

ZIV LLC | 246 West Broadway | New York NY 10013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

April 17, 2023

RE: Change of Registered Agent

To Whom It May Concern:

Enclosed is the Filing Forms for the Change of Registered Agent for ZIV LLC and Check No. 5051 amounting to \$25.00 as Filing fee.

Should you have questions, please feel free to send an email to delle@bigfoot.com

Thank you,

ZIV LLC

Delle Mediodia

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		ZIV LLC				
SUBJECT:	Name of Lin	nited Liability Company		_		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
		EUGENE D. MONDRUS				
		Name of Person				
		ZIV LLC				
		Firm/Company				
		160 SW 7TH CT			20	
		Address		;	23 K	
	POS	MPANO BEACH FL 33060-8398			2023 K.AY 3.0	•
		City/State and Zip Code	<u>-</u>			
		mg@michaelgleissner.com		17.0	PH	į
	E-mail address: (to be used for future annual report not	ification)	75	2:2	
For further information con	cerning this matter, please c	all:		<u>.</u>	Ö	
EUGENE D. MO	ONDRUS	917 912-5110 at ()				
Name of P	erson	· · · · · · · · · · · · · · · · · · ·	ne Telephone Nun:	iber	_	
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Fe icate of So ied Copy onal copy is	tatus &	
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations Fallahassee	· % 10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ZIV LL	.C		
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears o bility Company)	n our records.)	
The Articles of Organization for this Limited Lia lorida document numberL16000028959		ere filed onFE	BRUARY 10, 201	6 and assigned
his amendment is submitted to amend the follo	wing:			
If amending name, enter the new name of	the limited liabili	ty company here		2023 M
he new name must be distinguishable and contain the we	ords "Limited Liability	Company," the desig	mation "LLC" or the	- ω ₄
nter new principal offices address, if applica	ble:		•	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET	ADDRESS)			
nter new mailing address, if applicable:		160 SW 7TH CT		
Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	POMPANO BEA	CH FL 33030-839	98
B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			ords, <u>enter the na</u>	ame of the new regist
	160 SW 7TH CT	,		
New Registered Office Address:	700 3 111 01		street address	
	POMPANO BEA			33060-8398
		City	, FIULIGA	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		.	□Remove
			□Change
			2023 ☐ Add 7
			ω □ Remove
			Mos Manage
			□Add □Remove
		·	□Change
		 	□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

	<u>. </u>
	20
	30
	P III
· · · · · · · · · · · · · · · · · · ·	7: TIA
	20

Filing Fee: \$25.00