

L16000123403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

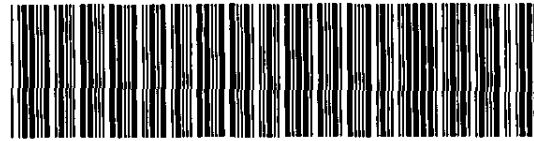
(Business Entity Name)

(Document Number)

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2016 SEP 26 P 6:13
TALLAHASSEE, FLORIDA

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZARAZOTA, 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:

WANDA PISTELLA, ESQ.

Name of Person

KOONTZ & ASSOCIATES, PL

Firm/Company

1613 FRUITVILLE ROAD

Address

SARASOTA, FL 34236

City/State and Zip Code

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

For further information concerning this matter, please call:

WANDA PISTELLA

Name of Person

at (941) 225-2615

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

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TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ZARAZOTA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 28, 2016 and assigned
Florida document number L16000123403.

This amendment is submitted to amend the following:

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

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**)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

. If amending the registered agent and/or registered office address on our records, enter the name of the new
gistered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
t the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability
ny 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>
AMBR	GRETCHEN MANNION	1474 LANDINGS CIRCLE	<input type="checkbox"/> Add
		SARASOTA, FL 34231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GRETCHEN MANNION	1474 LANDINGS CIRCLE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2018 SEP 26 6:33
TALLAHASSEE, FLORIDA

