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





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COVER LETTER

TO: Registration Se Division of Cor			
Ziegler Hol	oldings LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		
	Jonathon Ziegler		
		Name of Person	·
	Ziegler Holdings LLC		
		Firm/Company	
	651 N. Goldenrod RD, Sui	te 17	
		Address	
	Orlando, FL 32807		
		City/State and Zip Code	
	zigtechauto@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notit all:	tication)
Jonathon Ziegler		407 575-3155	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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)
Mulling Address		Strant Addrass	

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

npany as it now appears on our records.) cd Liability Company)	
any were filed on April 10th, 2017 and a	ssigned
iability company here:	
iability Company," the designation "LLC" or the abbreviation	'L.L.C."
651 N. Goldenrod rd, Orlando FL, 32807 suite 17	
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651 N. Goldenrod rd, Orlando FL, 32807 suite 17	,
ce address on our records, <u>enter the name of the n</u>	ew registe
Enter Florida street address	
, Florida City Zip Cod	le .
	iability Company here: iability Company." the designation "LLC" or the abbreviation 651 N. Goldenrod rd, Orlando FL, 32807 suite 17 651 N. Goldenrod rd, Orlando FL, 32807 suite 17 ce address on our records, enter the name of the n Enter Florida street address , Florida

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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Note:	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	· · · · · · · · · · · · · · · · · · ·
	feration Heyhn 6/21/2021
	may are a company of the company of
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00