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TO:

Registration Section

Division of Cor	porations		
0 HOLDIN	IG LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PEDRO M PAIXAO		
		Name of Person	
		Firm/Company	2028 SEP
	3812 PINE LAKE DR		SEP -4 PH
		Address	Service
	WESTON, FL 33332		PH 2: 55 SEE, FLORID
	mariaandrea2@gmail.com	City/State and Zip Code	NIE NIE
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	all:	
Maria A Reyes		786 302-9293	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tailahassee, l		The Centre of T 2415 N. Monro	l'allahassee e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0 HOLDING LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2017	and assigned
Florida document number L17000100270		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ZERO HOLDING LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A	
Principal office address MUST BE A STREET ADDRESS)		20 S
	110	FP
	SS	+
Enter new mailing address, if applicable:		P. P.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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	<i>\mathcal{\nu}</i>	<u> </u>
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records. <u>enter the na</u> i	nc of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	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>	Name	Address	Type of Action
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n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the application of the date in the Department of State's records	able statutory filing requi	(optional) 190 days after filing.) Pursuant to 60 rements, this date will not be lis	05.0207 sted as
ecord specifies a delayed effective date, but not an effective t is filed.	ine, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
ted August 25th 2020	·		
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Ci	orized representative of a me	ember	
Signature of a member or auth			
Signature of a member or auth PEDRO N			