L17000210224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZIP TRAX
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:

Shaquandra Woods
Name of Person

Firm Company

P.O. Box 7115
Address

Tallahassee, Florida 32238
City State and Zip Code

shaquandra.woodslaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaquandra Woods at (904) 683-2955
Name Area Code Daytime Telephone Number

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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 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

_____
(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 ~~06/29/2020~~ 06/02/2019 and assigned Florida document number L17000121024.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal office 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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B. If amending 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: _____

_____
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 for the purpose of a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amen... g Authori... Person(s) authorized to manage, enter the title, name, and address of each person being added or remo... from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	... Wesson	550... Wesconnett Blvd - Unit 7115	☐ Add
		Jacksonville, Florida	☐ Remove
		32244	☒ Change
AMBR	... Enterprise, PLLC	550... Wesconnett Blvd-Unit 7115	☐ Add
		Jacksonville, Florida	☐ Remove
		32244	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: December 31, 2022 - Postage Date **(optional)**

(Attach additional sheets, if necessary.) Pursuant to 605.0207 (3)(b)

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 effective date on the Department of State's records.

If the effective date. Do not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is

Date: 12-31-22

Signature of a member or authorized representative of a member

Typed or printed name of signee