LIF 000 124884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(-1), -11, -11, -11, -11, -11, -11, -11,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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R. WHITE NOV 2 3 2020

COVER LETTER

TO: Registration : Division of Co				
SUBJECT:	Zootar 2 a	LL C		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	RABIH	EL JAL		
		tor 2 Lic		
		a Moder 2a		
	RABOH E. E-mail address: (1	BA FOW ACCORDED TO BE USED FOR FUTURE ANNUAL TO BE USED FOR FUTURE AND FUT	w. Gm eport notification)	
For further information	concerning this matter, please ca	all:		
RAB; H	EL JAL	at (<u>√6/</u>) Area Code	26634 Daytime Telepho	54 one Number
Enclosed is a check for t	he following amount:			
È \$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 ARTICLES OF ORGANIZATION 11 19 PT 3: 09

taa tak a	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)
The Articles of Organization for this Limited Liability Company w Florida document number 17-7000 12484	vere filed on $\frac{6/7/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Lea Lor 2 LLC The new name must be distinguishable and contain the words "Limited Liability	
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 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)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	
Name of New Registered Agent: RAS	314 EL IALi
New Registered Office Address: RAB	314 EL IALI Enter Florida street address
20835 VIA MAD	City PAIN Florida BACA RATON FLORIDA City Zip Code 33 + 33
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>	<u>Name</u>	Address	Type of Action
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	(optional)
Effective	date, it other than the date of fining.
Martin III	he date incerted in this block does not filed the appreciate statutory many and
document	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
e record sp ord is tiled.	pecifies a delayed effective date. But not an effective time, as 12-101 date and 12-101
nu is incu.	
Dated	Sept 20 . 2020.
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Dated	1 1200
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Dated	Signature of a member or authorized representative of a member RESIDENT Typed or printed mane of signer