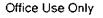
L17000132661

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12/28/20

subject: <u>Zam</u>	ora Vista LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Carol Hing	Name of Person	
	Zamora Vis	ta LLC. Firm/Company	
		ler Dr. Ste P.	30 0
	West Palm 1	Beach, FL 3340. City/State and Zip Code	<u> </u>
	zamoravista @ (Consultant. com	Without Louis
			uncation)
For further information c	oncerning this matter, please co	III;	
Carol Ming		a (154) 214- (0697
Name o	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$\forall \text{\$25.00 Filing Fee}	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee roc Street, Suite 810

Registration Section

Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

Zamora Vista LC.

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000132661</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 NOV 2B PH 1,2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Now Registered Agent's Signature if changing Registered	Agent

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of A
Owner	Morris D. Haye	515 N. Flagler Dr. Ste Pa	∞o Xi∧dd
		515 N. Flagler Dr. Ste Pe West Palm Beach FL 33401	□Remov
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			□Remov
			2020 NO 1 23
			☐ ☐ ☐ Remove
			57 ☐Change
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Note	etive date, if other than effective date is listed, the date is listed in this ment's effective date on the	s block does no	t meet the app	licable statuto		
ord is t						ie 90th day
Dated	November 17 Gau Carol		<u>202</u> 0	·		
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