

L17000225701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

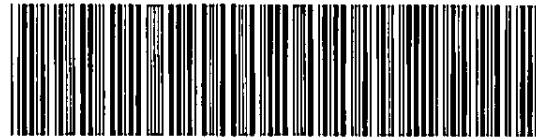
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/17--01039--001 **25.00

FILED

17 DEC -1 AM 12:58

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

KHALDI MOHAMMED
966 BIARRITZ DRIVE #2
MIAMI, FL 33141 US

SUBJECT: ZANGOT INVESTMENT LLC
Ref. Number: L17000225701

We have received your document for ZANGOT INVESTMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 917A00023199

2017 DEC -1 AM 11:25

FLA DEPT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZANGOT INVESTMENTS ~~LLC~~ LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KHALDI MOHAMMED
Name of Person

ZANGOT INVESTMENT INC
Firm/Company

966 Biarritz Drive #2
Address

Miami, FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

ABDELHAKIM MOUSLIM at (561) 403-6025
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZANGOT INVESTMENT LLC
(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 10/31/2017 and assigned Florida document number L17000225701

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 "LLC" or the abbreviation

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)

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17 OCT -1 12:58
TALLAHASSEE, FL 32304

B. If amending the 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:

KHALDI MOHAMMED

New Registered Office Address:

966 BARRITT Drive #2

Enter Florida street address

FLAM. Beach

City

Florida

33141

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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STATION 4-1
FALL LAKE, SE FLORIDA

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17 DEC -1 AM 12:58
ST. JAMES
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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's effective date on the Department of State's records.

Dated 11/08/2017

ABDEL HAKIM HOSAIN
Typed or printed name of signee