L17000238234

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(Address)
(Address)
(City/State/Zip/Phone #)
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10/22/21--01029--019 **55.00

21 NGV 18 FN 2: 38

T. MATTHEWS

DEC - 3 2021



2021 NOY 18 AM 8: 03

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2021

CORDELL BROOKS 1016 LAS ROBIDA DR JACKSONVILLE1, FL 32211

SUBJECT: ZIE HOMES LLC Ref. Number: L17000238234

We have received your document for ZIE HOMES LLC and your check(s) totaling \$55.00. 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.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Tekayla T Matthews

Letter Number: 821A00026576

COVER LETTER

Division of Corp	porations		
SUBJECT: Z	Harras 1	10	
	Name of Lin	nited Liability Company	
The enclosed Articles of F	Amendmept and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	<u> Cartall</u>	Name of Person	
	Zie Hom.	Firm/Company	
	1016 Las 1	Address .	
	Casi isovil	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	(ication)
For further information con	ncerning this matter, please ca		
_		at (291) 193- Daytime	2937 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.60 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:	J	Street Address:	

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

7.4	21 HCY 19 PM 2: 38
(Name of the Limited Liability Compa (A Florida Limited)	
	()
The Articles of Organization for this Limited Liability Company Florida document number 17.000 7.38734	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	1016 La: Cobida Dr
(Principal office address MUST BE A STREET ADDRESS)	Dib Las Cobida Or Jacksonville FL 32211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Will Las Robide Dr Jacksonville, FL 32211
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	Brooks
New Registered Office Address: 1016 Las	Robida Dr
Nackso	Enter Florida street address NV/// E
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	anager uthorized Member		ou 2: 38	
<u>Title</u>	<u>Name</u>	Address	21 HOV 18 PH 2: 38	Type of Action
MGR	Johnson, Micale	13720	Old Sociat august	<i>ine</i> _□Add
	ļ	Rd Vai	+ 767 Jacksonv	/// ZRemove
	!	FL 32	258	□Change
MGA_	Cordell Brooks	Dib La	Rabida Or	Ø Add
		Jul Car	1/1/12 , F1 3221)	□Remove
				☐ Change
				🗆 🗆 Add
				□Remove
				□Change
				□Adđ
	1			□Remove
				□Change
				□Add
				🗀 Remove
				□Change
				□Add
				□Remove
	1			Change

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<u> </u>	
n effective date is listed te: If the date insert	er than the date of filing:
ecord specifies a dela is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	
-1.0	
MGR	
<u>M6K</u>	Signature of a member or authorized representative of a member