

L17 000240492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

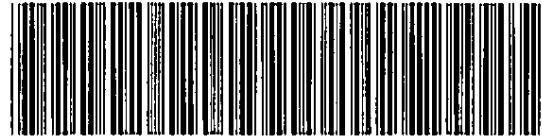
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/16/20--01022--003 \*\*25.00

2020 07 17 11:10:09

Amend

AUG 01 2020  
I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ZORANA, LLC  
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:

Ross P. Beckerman
Name of Person
Tim A. Shane, PA
Firm/Company
4400 N. Federal Highway Suite 210-10
Address
Boca Raton, FL 33431
City/State and Zip Code
ross@timashane.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross P. Beckerman	954	260-2120
_____ at (_____) _____		
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020-11-11 10:00:06

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>
MGR	Zoran Zelenikovski	1000 S. Ocean Blvd., Unit 507	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bojan Tegovski	101 E. Camino Real, Apt. 1219	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kiro Zelenikovski	317 E. Boca Raton Road	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(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)

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

X  \_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee