

L18000075330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 OCT 18 AM 8:27

FILED
2018 OCT 18 11 30 AM
TREASURY OF STATE

K. SALY
OCT 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZO' LAA and Sean Transportation, 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:

Eric Barkand
Name of Person

Firm/Company

2915 Sharer Road
Address

Tallahassee, FL 32312 - Suite # 1014
City/State and Zip Code

BarkandEric48@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Barkand at (305) 834 2610
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

FILED
2018 OCT 16 11:30 AM
TALLAHASSEE

ZO'ka and Sean Transportation, 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 March 23, 2018 and assigned Florida document number 418000075330.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3840 NW 194th St
OPR LOCKER, FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2915 Sharer Road
Tallahassee, FL 32312
Suite # 1014

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:

Shameka Cross

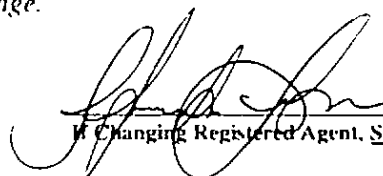
New Registered Office Address:

2915 Sharer Road
Enter Florida street address

Tallahassee City, Florida 32312 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

MGR = Manager
AMBR = Authorized Member

☐ Add
☒ Remove
☐ Change

2008 OCT 16
ST. LOUIS
MISSOURI

FILED
2006 OCT 18
FBI
CHASSIS

(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.

Dated 10-18-2014, _____

Signature of a member or authorized representative of a member

Eric Garland
Typed or printed name of signer