

48000243097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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○ SIMMONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZZ'S FUN CLOSET 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:

AKIL A EDWARDS

Name of Person

Firm/Company

1926 NW 4TH CT

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

COOPERWIZARD2@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AKIL A EDWARDS

754 801-9993
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ZZ'S FUN CLOSET 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 10/16/2018 and assigned
Florida document number L18000243097

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 "LLC."

Enter new principal offices address, if applicable:

1926 NW 4TH COURT FORT LAUDERDALE, FL 33312

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1926 NW 4TH COURT FORT LAUDERDALE, FL 33312

(Mailing address MAY BE A POST OFFICE BOX)

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:

AKIL A EDWARDS

New Registered Office Address:

1926 NW 4TH COURT

Enter Florida street address

FORT LAUDERDALE

Florida

33312

City

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>
MGR	AKILA A EDWARDS	1926 NW 4TH COURT	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZAKILA R EDWARDS	P.O. BOX 4232	<input checked="" type="checkbox"/> Add
		CARTERSVILLE, GA 30120	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee