## L18000 275610

(Requestor's Name)	_
	_
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(Addiess)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
	_
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBJECT:	ZULELAL	LLC		
SUBJECT.	<del></del>	Name of Lim	ited Liability Company	
· ·				
The enclosed	1 Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		NISHIT KUMAR PATEL		
			Name of Person	
			Firm/Company	
			·	
		2431 PORTOBELLA PLA	ACE.	
			Address	
		CANTONMENT, FL 3253	33	
			City/State and Zip Code	
		pensacolaexxon@gmail.cor		
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	ıll:	
NISHIT KUMAR PATEL		941 786-5595		
	Name of	Person		Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on 11/29/2018 and assigned.

The Articles of Organization for this Limited Liability Company were filed on 11/29/2018

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address. if applicable:

(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:	
New Registered Office Address:	
	Enter Florida street address
	Florida

City

## 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>	Address	Type of Action
MGR	TARIK D PATEL	6115 N DAVIS HWY, APT 83A	<b>■</b> Add
		PENSACOLA FL 32504	□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Remove
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fective date, if other than the in effective date is listed, the date must be the date inserted in this block becament's effective date on the December 1.	ock does not meet the applical	o date of filing or more than 9 ble statutory filing require	(optional) <sup>10</sup> days after filing.) Pursuant to 6 ements, this date will not be li	05.0207 isted as
record specifies a delayed The 90th day after the rec	effective date, but not ord is filed.	an effective time, a	: 12:01 a.m. on the ear	lier o
ted	2020			
	Signature of a member or author	4		

Page 3 of 3

Filing Fee: \$25.00