## L 18000286593

17 27	
·	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
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## **COVER LETTER**

SUBJECT: ZALAY	Locuson Constituction	1	
	Name of Limit	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	ZOCHONY LUCKSON		
		Name of Person	
		Firm/Company	
	3146 Ock Homi	Mack Lo	
		Address	
	Tallohasse, FL.	32-208	
	Tollowsse, FL.	City/State and Zip Code	
	ZCLOChrystoab	Will Com o be used for future annual report not	itication)
For further information co	oncerning this matter, please ca		
Name of	Person	at ()	ne Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section Division of Corporations

> 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

Zach Cochran	Cons	truction	2 LLC		
(Name of the Limited Liab	ility Company ida Limited Lia	v as it now appear ability Company)	s on our records.)	1	
The Articles of Organization for this Limited Liability Florida document number $18-2865$	Company w				gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabili	ity company ho	ere:		
The new name must be distinguishable and contain the words "L	imited Liability	v Company." the d	esignation "LLC"	or the abbreviation "I. I	C."
		,	<b></b>		
Enter new principal offices address, if applicable:					15
(Principal office address MUST BE A STREET ADL	DRESS)			5	
				30 P	ARY OF CHAR
Enter new mailing address, if applicable:				<u> </u>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>	
					<del></del> _
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac			our records,	enter the name of	of the ne
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Flo	rida street address		
			, Floi	rida	
<del></del>		City	<del></del> ,	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 adde or removed from our records:

VIGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
FRM	Joshua Cray	4600 Woodhaven I Tallahussee FL 32	Add Add
	,		Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
<del></del>			Add
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		<del></del>	Change
			□ Remove
			□ Change

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Note:	(optional) Tective 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).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
,	
	Signature of a member or authorized representative of a member
	- Zechnary Cochran
	DIL M. California

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Filing Fee: \$25.00