L14000013131

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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- COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	ZEN INVE	STORS LLC		·			
SUBJECT:	Name of Limited Liability Company						
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	endence concerning this matter	to the following:				
	RAJEEV PARMAR						
		ZEN INVESTORS LLC	Name of Person				
		Firm/Company 8713 ROLLING BROOK LANE Address					
		JACKSONVILLE, FL 32256 City/State and Zip Code RAJEEVPARMAR@GMAIL.COM					
			to be used for future annual report not	lification)			
For further is	nformation c	oncerning this matter, please ca	all:				
RAJEEV PA	ARMAR		904 7077330				
Name of Person		at () Area Code Daytir	ne Telephone Number				
Enclosed is a	a check for th	ne 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)			
	iling Addres		Street Address: Registration So	ection			
	_	orporations	Division of Co				
). Box 632	-	The Centre of	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEN INVESTORS LLC		
(<u>Name of the Limite</u> (d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L19000013131		and assigned
his amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	egistered office address on our records, <u>enter the na</u> s here:	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Florida _	
	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 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>	Type of Action
AMBR	KHOI T DANG	10200 BELLE RIVE BLVD UNIT 4008	
			∃ Add
		JACKSONVILLE 32256	
			□ Remove
			Change
			🗆 Add
			□Remove
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			_
			🗆 Add
			□Remove
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			Remove
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			·
			☐ Add
			□ Remove
			Change

		
		
		
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ective date, if other than the effective date is listed, the date in	e date of filing: ust be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this I	block does not meet the applicable statutory fil Department of State's records.	ling requirements, this date will not be listed a
	ive date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
s filed.		. •
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' /	1 11 -	
Ka	iew Parmer	· · · · · · · · · · · · · · · · · · ·
Ka	Signature of a member or authorized representati	ve of a member