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COVER LETTER .

	gistration Se vision of Cor			
SUBJECT:		ENTERPRISE LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		LENIN TONGKAM		
		ZHARION ENTERPRISE	Name of Person	
		946 CARSWELL AVENUE	Firm/Company	
		HOLLT HILL FL US 32117	Address	
		Zharionjay06@gmail.com	City/State and Zip Code	
For further i	nformation c	E-mail address: (to be used for future annual report notifi	cation)
LENIN TOI			386 334-7290	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
ड \$25.00 I	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 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

ZHARION ENTERPRISE		
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabs	ility Company were filed on JANUARY 14TH 2019	and assigned
This amendment is submitted to amend the following	ing:	FILI 2019 FEB 1-1 CAPPETANS
A. If amending name, enter the new name of th	ne limited liability company here:	FILED FEBITAN FEBITAN FASSECTION
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "ELC" or the ab	
Enter new principal offices address, if applicabl	le:	州
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e <u>address here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	0.00	
	Enter Florida street address	
	, Florida	

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> JONATHAN mARTIN	<u>Address</u> 1624 E. SHANGRI-LA DR	Type of Action
MGR		DAYTONA BEACH 32119	D Add
		_ <u></u>	Remove
			Change
MGR/	LENIN G TONGKAM	1624 E. SHANGRI LA DR	🗹 Add
OWNER		DAYTONA BEACH, FL 32119	□ Remove
		•	□ Change
			Add
			🗆 Remove
			□ Change
			🗅 Add
			□ Remove
		-	Change
			_□ Add
			_□ Remove
			Change
			🗆 Add
		- 	_ Remove
			_□ Change

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Effective date, if other than the date of filing:	
ne record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	11 a.m. on the earlier of
Dated 02 11 2019	2019
1000	E T
Signature of a member or authorized representative of a member	SS = F
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Page 3 of 3

Filing Fee: \$25.00