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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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Omend/Name Change

JUN 1 7 2020

D CUSHING

COVER LETTER

TO: Registration Sc Division of Cor			
	FINANCIAL ACCOUNTIN	G SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	RAQUEL J. PLACE		
		Name of Person	 _
	ZARANSKAH LLC		
		Firm/Company	
	271 SE 52ND CT		
		Address	
	20		
	raqueljaplace@yahoo.com	to be used for future annual report notifica	· · ·
For further information of	concerning this matter, please c	-	tion) 7 SX
	oncerning this matter, preuse e		္က ုိင္ငံ
RAQUEL J. PLACE		352 530-3281 at ()	3 12 7 5m
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EFFICIENT FINANCIAL ACCOUNT	ING SERVIC	ES LLC	
(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	27
The Articles of Organization for this Limited Liab	ility Company	were filed on 01/15/2019	and assigned
Florida document number 1.19000016186	·		يَجَدِد بِنِ
This amendment is submitted to amend the following	ing:		1
A. If amending name, enter the new name of th	ie limitęd li <u>ab</u>	pility company here:	
ZARNASKAH LLC			
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
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)		271 SE 52ND CT	
		OCALA FLORIDA	
		34471	
		271 SE 52ND CT	
		OCALA FLORIDA	
		34471	
B. If amending the registered agent and/or registered office address hagent and/or the new registered office address hame of New Registered Agent:			ne of the new registere
New Registered Office Address:	271 SE 52ND	CT	
		Enter Florida street address	

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.

City

OCALA

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>	Type of Action
AMBR	TERRY WAYNE PLACE	271 SE 52ND CT, OCALA FLORIDA 34471	= Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
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			□Remove
			□ Change

	JISTERED AGENT, AUTHORIZED PERSONS)
PLE.	ASE CHANGE REGISTERED AGENT NAME TO RAQUEL J. PLACE
PLE	ASE CHANGE AUTHORIZED PERSON NAME TO RAQUEL J. PLACE
<u> </u>	
effectiv <u>e:</u> If tl	date, if other than the date of filing:
ord sp filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	MAY 21 2020