

# L19000016948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

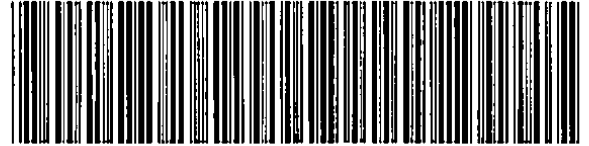
(Business Entity Name)

(Document Number)

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08/24/19--01026--007 \*\*25.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 12 PM 3:21

LLC  
Amend.  
08/13/19

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2019

TODD FLITCRAFT  
103 CANDLEWICK CIRCLE  
PANAMA CITY, FL 32405

SUBJECT: ZDF ENTERPRISES LLC  
Ref. Number: L19000016948

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

IS THE REGISTERED AGENT BEING AMENDED??? YOUR ENTITY WAS  
FILED WITH OUR OFFICE ON 01/15/2019, EFFECTIVE 01/10/2019. PLEASE  
CORRECT YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 519A00013627

2019 AUG 12 AM 11:25

RECEIVED

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZDF Enterprises LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Flitcraft  
Name of Person

ZDF Enterprises LLC  
Firm/Company

103 Candlewick Circle  
Address

Panama City FL 32405  
City/State and Zip Code

spacewalkpan @ herecomesfun. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Flitcraft at ( 850 ) 348-1734  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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

EDF Enterprises

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1-21-19 and assigned  
Florida document number 11900004948

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 "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)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
19 AUG 12 PM 3:21

**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:

TODD DAVID FLITCRAFT  
103 CANDLEYCK CTR  
Panama City Florida 32409  
City State 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.*

Todd David Flitcraft  
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>	<u>Type of Action</u>
mgr	Melissa Flitcraft	103 Candlewick Cr.	<input type="checkbox"/> Add
		Panama City Fl. 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Todd Flitcraft	103 Candlewick Cr.	<input checked="" type="checkbox"/> Add
		Panama City Fl. 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Melissa Flitcraft	103 Candlewick Cr.	<input checked="" type="checkbox"/> Add
		Panama City Fl. 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6-7-19

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

TCOD DAVID FLITCRAFT

Typed or printed name of signee