## L19 000 154 732

	(Requestor's Name)	
	(Address)	
	(Address)	
	,	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer:	
		:



04/22/21 S.C.



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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

CUBICCT.	ZI	NTEKO LLC	: :
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Anthony Morales		
	<u>-</u>	Name of Person	
	MyUSACorporation.com		
	<u></u>	Firm/Company	<del></del>
	1 Radisson Plaza, Suite 800	υ	
		Address	
	New Rochelle		
		City/State and Zip Code	<del>-</del>
	info@myusacorporation.cor		
	E-mail address; (t	o be used for future annual report no	utitication)
For further information co	oncerning this matter, please ca	ill:	
Anthony Morales		877 3302677	
Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration S	
Division of Co P.O. Box 632		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ZINTEKO LLC			
(Name of the Limited Liab	oility Company as it now appears on oida Limited Liability Company)	our records.)		
		04/11/2014	0	
The Articles of Organization for this Limited Liability	Company were filed on	00/11/201	and as:	signed
Florida document number L19000154732	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ation "LLC" or	the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADI	DRESS)			<del></del>
	*** * * * * * * * * * * * * * * * * *			
Enter new mailing address, if applicable:		····		
(Mailing address MAY BE A POST OFFICE BOX)				
		<del></del>		
B. If amending the registered agent and/or register agent and/or the new registered office address here		is, <u>enter the</u>	name of the ne	w registere
			34	
Name of New Registered Agent:		<del></del>	MAD.	
New Registered Office Address:			* 4	
	Enter Florida str	reet address	<u> </u>	$\Box$
		, Florid		0
	City		Zip Gode	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DENYS KOSTENKO	7901 4TH ST N STE 4439	≅Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
MGR KOSTIANTYN ZINCHENKO	KOSTIANTYN ZINCHENKO	7901 4TH ST N STE 4439	□Add
		ST. PETERSBURG, FL 33702	<b>≡</b> Remove
			□Change
		□Add	
	<del> </del>		
			⇒Change 7
			T Add M
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□ Change

Filing Fee: \$25.00