

L19000 165 393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/25/19--01012--023 \*\*25.00

*Effective date 11/01/19*

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OFFICE OF STATE  
CLERK  
ALBANY, NY  
APR 3 2019

*Amend / name change*

10/25/19  
D CUCHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ZION HOMEMAKERS, L.L.C.**

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:

K. JEFFREY REYNOLDS

Name of Person

K. JEFFREY REYNOLDS, ATTORNEY

Firm/Company

924 NORTH PALAFOX STREET

Address

PENSACOLA, FLORIDA 32501

City/State and Zip Code

kjeffreynolds@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. Jeffrey Reynolds

850 434-2522  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

### 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

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
JAN 11 2006

44-38861-1000  
1967-05-25 AM 9:29

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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[illegible]

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 OCTOBER 23 2019

H. H. Baruch  
Signature of a member or authorized representative of a member

HEPHZIBAH BARUCH

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Typed or printed name of signee