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TO:	Registration So Division of Cou					
SUBJEC		MEMAKERS, L.L.C.				
.ge:pappy	·· •	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub ondence concerning this matter				
	·	K. JEFFREY REYNOLD:				
			Name of Person			
K. JEFFREY REYNOLDS, ATTORNEY						
			Firm/Company			
		924 NORTH PALAFOX :	STREET			
			Address			
		PENSACOLA, FLORIDA	. 32501		- 9 - ∴	
		kjeffreynolds(@)att.net	City/State and Zip Code			: : : -
		E-mail address: (to be used for future annual report notifi	cation)		
For furth	ner information c	concerning this matter, please c	alf:		3.E	٠.٠ <u>٠</u>
K. Jeffr	cy Reynolds		850 434-2522		is S	DKALLAND
	Name o	f Person	Area Code Daytime	Telephone Number	_ 30	شو. 7 ر.
Enclosed	f is a check for t	he following amount:				
≣ \$ 2\$.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fo Certificate of \$1 Certified Copy (additional copy is	tatus &	
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft, 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



ZION HOMEMAKERS, L.L.C.

(A Florida Limited I	Hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000165393</u> .	were filed on 06/25/2019 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ZION HOMEKEEPERS, L.L.C.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9991 BRISTOL PARK ROAD		
(Principal office address MUST BE A STREET ADDRESS)	CANTONMENT, FLORIDA 32533		
Enter new mailing address, if applicable:	P.O. BOX 243		
(Mailing address MAY BE A POST OFFICE BOX)	CANTONMENT, FLORIDA 32533		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:			
	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

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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Effective date, if other if the effective date is listed, the Note: If the date inserted document's effective date	e date must be specific ar in this block does not	nd cannot be prior meet the applica	to date of filing or able statutory fil	more than 90 days	optional) atter filing.) Pursus s, this date will no	unt to 605,0207 at be listed as
ne record specifies a The 90th day after	delayed effective the record is filed	date, but no I.	t an effective	time, at 12:	01 a.m. on the	e earlier o
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