219000196317

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



400333491074

400333491074 03/12/19--01003--014 **80.00

2019 SEP 1 1 AM 10: 30

SEP 1 1 2019 C KIRISE. August 29, 2019

MICHAEL ZEKANOSKI 27227 PULLEN AVE APT A2 BONITA SPRINGS, FL 34135

SUBJECT: CAPT. MICHAEL ZEKANOSKI LLC

Ref. Number: L19000196317

We have received your document for CAPT. MICHAEL ZEKANOSKI LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Catherine M Wood Regulatory Specialist II

2019 SEP | 1 | AR | 1:

Letter Number: 519A00017904

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|-------------------|------------------------------------|---|---|---|
| () * ** ** | | nel Zekanoski LLC | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Michael Zekanoski | | |
| | | | Name of Person | |
| | | Capt. Michael Zekanoski I | LC | |
| | | | Firm/Company | |
| | | 27227 Pullen Ave. Apt A2 | | |
| | | | Address | |
| | | Bonita Springs FL, 34135 | | |
| | | mikezekanoski@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | ication) |
| For fu | rther information o | oncerning this matter, please ca | all: | |
| Micha | acl Zekanoski | | 239 810-3141 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| □ \$2 | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Capt. Michael Zekanoski LLC | | | |
|--|---|--------------------------|--------------------------|
| (<u>Name of the Limited Liability C.</u> (A Florida Lim | impany as it now appea ited Liability Company) | irs on our records.) | |
| The Articles of Organization for this Limited Liability Comp. Florida document number | | August 01, 2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company h | iere: | |
| The new name must be distinguishable and contain the words "Limited l | Liability Company," the | designation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | 2019 S |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| Enter new mailing address, if applicable: | | | AH IO |
| (Mailing address MAY BE A POST OFFICE BOX) | | | - - 0 |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | n our records, <u>en</u> | ter the name of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Fle | orida street address | |
| | | | |
| | | , Florida | ı |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|--|----------------|
| AMBR | Carly Talbott Zekanoski | 27227 Pullen Ave, Apt A2 Bonita Springs FL, 34135 | ■ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | <u></u> | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |

| | | | | |
|---|--|-----------------------------|--|---------------|
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | | |
| | | | | - |
| | | | | |
| | | | | |
| | | | | |
| | | | · | |
| | | · · · · · | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | . | |
| | | | | |
| Effective date, if other than the late of the date is listed, the date is listed, the date is listed. | must be specific and cannot be prior to | date of filing or more than | (optional) 90 days after filing.) Pursuant | to 605.02 |
| document's effective date on the | s block does not meet the applicab a Department of State's records. | ile statutory titing requi | ements, this date will not b | e listed |
| he record specifies a delay | yed effective date, but not a | an effective time | st 12:01 a.m. on the 4 | earlier |
| The 90th day after the r | | an enderve enna, e | 12.01 6, 6 נוופ | 2011121 |
| Dated | | | | |
| Dateu | in: / / / - / | -· | | |
| | Michael Behan | zed representative of a me | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00