

L19000198838

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Effective:  
Oct 15, 2019*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 OCT 11 PM 4:46  
*LHC  
Amend*

OCT 30 2019  
D CONNELL

October 8, 2019

Florida Dept. Of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Subj: Amendment for ZIPSTERS, LLC,

Dear Sir or Madame:

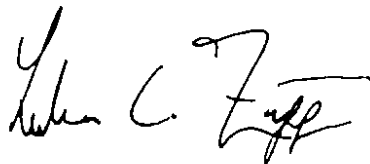
Enclosed please find the following:

1. The original and one copy of the Amendment to Articles of Organization for the subject corporation.
2. A check in the amount of \$25.00 to cover the filing fees for the Amendment to the existing Articles.

Kindly acknowledge filing of this Amendment to the Articles of Organization, in compliance with Florida law and return the timestamped copy of the Amendment to the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 1592 N. Highway 1A, Satellite Beach, Florida 32937. (321) 773-2020

Thank you for your assistance in this matter.

LUKE C. ZIPPI

A handwritten signature in black ink, appearing to read "Luke C. Zippi", with a stylized flourish at the end.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZIPSTERS, 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:

NADEAN C. GREGOR

\_\_\_\_\_  
Name of Person

ATLANTIC NONLAWYER SERVICES, INC.

\_\_\_\_\_  
Firm/Company

1592 N. Highway A1A

\_\_\_\_\_  
Address

Satellite Beach, FL 32937

\_\_\_\_\_  
City/State and Zip Code

alsi@atlanticnonlawyer.com

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

For further information concerning this matter, please call:

NADEAN C. GREGOR

321 773-2020  
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

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

ZIPSTERS, LLC

(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 July 30, 2019 and assigned  
Florida document number L19000198838.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

583 Bolanos <sup>Conte</sup>~~Corte~~  
Indialantic, FL 32903

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

583 Bolanos <sup>Conte</sup>~~Corte~~  
Indialantic, FL 32903

**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: N/A

New Registered Office Address: N/A

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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.*

**If Changing Registered Agent, Signature of New Registered Agent**



N/A

**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.

Dated October 8th, 2019

Signature of a member or authorized representative of a member

Luke C. Zipp

Typed or printed name of signee