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COVER LETTER

Division of Corp	oorations		
ZenCorTec l	LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of E	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspoi	ndence concerning this matter t	o the following:	
	Marie Daphne Simon		
		Name of Person	
	ZENCORTEC LLC		
		Firm/Company	
	2425 NE 135th Street Apt 2	206	
		Address	
	North Miami, FL 33181		
		City/State and Zip Code	
	mdsgis@gmail.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dl:	
Marie Daphne Simon		917 702-8977 at ()	
Name of	Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
□ S25.00 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

TO:

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

Zencortec LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compariorida document number L19000206180	any were filed on 08/13/2019	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		16:3
		音 第二
		25
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· ·	الب- المالية
nutting uddress may be a rost of rice boxy		5 2 B
	· · · · · · · · · · · · · · · · · · ·	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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

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>	Type of Action
MGR	François Bethuel	767 BLAKE AVE BROOKLYN, NY 11207	
			≅ Remove
			□ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			☐ Add
		☐ Remove	
		•	☐ Change
			☐ Remove
			□ Change

i amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	(optional)
≦Hectiv f an effec	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
.	t the date incerted in this bluck tides not most the afficient
docume	nt's effective date on the Department of State's records.
	the but not an offective time, at 12:01 a.m. on the earlier o
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The S	90th day after the record is filed.
Dated _	
	The state of the s
	Signature of a member or authorized representative of a member
	the state of the s
	Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00