# L19000239829

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## **COVER LETTER**

TO: Registration S Division of Co			,
ZIA DESI SUBJECT:	GN LLC	ř	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FILEMON L ARAGON JR.		
		Name of Person	
	ZIA DESIGN LLC		
	<u> </u>	Firm/Company	
	433 CARDINAL DRIVE		
	<del></del>	Address	
	SATELLITE BEACH, FL	32937	
	<del></del>	City/State and Zip Code	
	faragon.ziadesign@gmail.c	com to be used for future annual report no	
For further information	concerning this matter, please c	·	ameanon)
FILEMON L ARAGON	IJR.	505 504-0667	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	antinu
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZIA DESIGN 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 09/18/2019  Florida document number L19000239829	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
ZIA CARDS AND GAMES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	, S
B. If amending the registered agent and/or registered office address on our records, enter the n	ame of the new registe
gent and/or the new registered office address here:	:
	. •
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	- <del></del>

#### 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>	<u>Name</u>	Address	Type of Action
	<del></del>		□Add
			□Remove
			□Change
		□ Add	
		□ Remove	
			□Change
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	<del> </del>	☐ Change	
	<del></del>	□ Add	
		□Remove	
			□Chanve

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D. If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
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C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and ca  Note: If the date inserted in this block does not mee document's effective date on the Department of State	(optional)  annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) at the applicable statutory filing requirements, this date will not be listed as the e's records.
f the record specifies a delayed effective dat b) The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
Dated FEBRUARY 24th Signature of a more	mber or authorized representative of a member
FILEMON L ARAGON JR.	
	yped or printed name of signec

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Filing Fee: \$25.00