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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ZAMAR LOSOSTOCS 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:
Of niet Lefhanc Name of Person
Firm/Company
W377 COMMET LIA WAY 103
GPhins Hill FL 34606  City/State and Zip Code
ZAMARLOSISTIC GMOSILOM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHU 5051H at (S/3) 406 - 1991  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROMADAN (Name of the Limited Liability Com (A Florida Limite	MEDTERPROSCILLE  Ipany as it now appears on our records.)  d Liability Company)
The Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for this Limited Liability Comparison of the Articles of Organization for the	ny were filed on $10/07/h0/9$ and assigned $\frac{10}{10}$
A. If amending name, enter the new name of the limited line.  The new name must be distinguishable and contain the words "Limited Line."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10630 N 56th Street Suite S-202A Temple terrare FL 33617
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4377 Commercial WAY #103 Sphing Hill & U 34606
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
New Registered Office Address: 43 7	7 COM MPS List 1 10 H/s IT 103  Enter Florida street address  18 Hill Florida 3 H 606  Zip Code
<del>-)//~(-)</del>	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 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
MGR	58AU 5058PH	43 77 commercial With	<u>ø3</u> ⊠Add
		43 77 commercial With	□Remove
			Change
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			□Remove
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11 21111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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່ໝ efi iote:	ive date, if other than the date of filing:
recor I is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	03/25/2020
	Signature of a member or authorized representative of a member
	Othielle Franc Typed or printed name of signee