L20000041053

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
	· · · · · · · · · · · · · · · · · · ·	
(C)	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	e)
(Ď	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 3/25/2020	**WALI	<i>K IN**</i>
ENTITY NAMEZERO	FIDELIS LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
*	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)	
	Certificate of Status	
	Certificate of Status Reflecting:	_
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$ 25	ACCOUNT # 120160000072 4: C)	W
Please call Tina at ti	the above number for any issues or concerns. Thank you so much!	

COVER LETTER

	Registration So Division of Co			
cup me	ZERO FID	DELIS LLC		
SUBJECT:		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Kara Bausch		
			Name of Person	
		ZenBusiness		
			Firm/Company	
		702 San Antonio St. 4th F	loor	
			Address	
		Austin, Texas, 78701		
			City/State and Zip Code	 .
		fulfillment@zenbusiness.cc		
For furthe	r information c	e-man address: (concerning this matter, please c	to be used for future annual report	notification)
Kara Bau	sch		844 493-624 ⁹)
	Name (of Person		time Telephone Number
Enclosed i	is a check for t	he following amount:		
\$25.0	0 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)
	<u>Tailing Addres</u> Registration		<u>Street Address</u> Registration	
Division of Corporations		Division of C	Division of Corporations	
	P.O. Box 632 Tallahassee,			of Tallahassee nroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZERO FIDELIS LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny a <u>y it now appears on our reco</u> Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000041053</u>	were filed on 02/04/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2078 Gladway Dr Crestviev	v, F1 32536
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter none molling address if and backles		2020 HAR SECRET
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	7 R 25
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
	,	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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>	Address	Type of Action
		****	🗆 Add
			□ Remove
			Change
			□Remove
			□Change
			🗀 Add
			□Remove
		 	□Change
		□Remove	
		☐ Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the record record is file	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 ed.
Dated _	MARCH 29 . 2020.
	/s/ ADAM LYLES Signature of a member or authorized representative of a member
	ADAM LYLES
	Typed or printed name of signee

Filing Fee: \$25.00