

L20000084990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

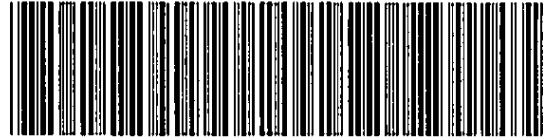
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300351202003

09/02/20 01008 061 **30.00

FILED
2020 SEP -2 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FL

10/13/20
OM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZenCard Holdings, 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:

Joseph D. Hughes

Name of Person

ZenCard Holdings, LLC.

Firm/Company

921 Westcliffe Dr.

Address

Winter Garden, Florida 34787

City/State and Zip Code

Admin@zencardprime.com

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

For further information concerning this matter, please call:

Dan Hughes

321 321-6865
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 Address:

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

FILED

2020 SEP -2 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Type of Action</u>
MGR	JAYSON LOPEZ	8015 INTERNATIONAL DR. SUITE 520	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHER K LOPEZ	8015 INTERNATIONAL DR. SUITE 520	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RANDOLPH T GRUBER	4140 82nd. Ave. N.	<input checked="" type="checkbox"/> Add
		Pinellas Park, Florida 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Judy Ann Lamont	79 Stone Gate Lane	<input checked="" type="checkbox"/> Add
		Port Orange, Florida 32129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated AUGUST 30TH, 2020

Joseph D. Hughes

Typed or printed name of signee

Filing Fee: \$25.00