

L20000101647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/25/23--01019--006 \*\*30.00

2023 JUL 25 PM 8:36  
STATE  
TALLAHASSEE, FL

R. HUNT  
07/25/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZeroA.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:

Marina Baranska

\_\_\_\_\_  
Name of Person

ZeroA.LLC

\_\_\_\_\_  
Firm/Company

8506 Buckley Ct

\_\_\_\_\_  
Address

Orlando, FL 32817

\_\_\_\_\_  
City/State and Zip Code

zeroallc@gmail.com

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

FILED  
STATE  
OFFICE  
TALLAHASSEE, FL  
JUN 15 2011  
PM 6:36

For further information concerning this matter, please call:

Marina Baranska

321 689-5275

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

**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	Natalia Zhlobich	8518 Buckley Ct Orlando FL 32817	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Valentina Dyachkova	8506 Buckley Ct, Orlando, FL 32817	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
PH 36

2023  
JUL 15 PM 8:36  
CLINTON STATE  
CLINTON, FL

STATE

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(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 July 21, 2023

N. Zhebrich

Signature of a member or authorized representative of a member

Natalia Zlobich

Typed or printed name of signee

**Filing Fee: \$25.00**