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(City/State/Zip/Phone #)

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JUN 16 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKZ ENTERPRISES 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:

ALYSSA PELAEZ

Name of Person

KABA CONSULTING INC

Firm/Company

1655 E HWY 50 STE 203

Address

CLERMONT FL 34711

City/State and Zip Code

ALYSSA@KABACONSULTING.COM

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

For further information concerning this matter, please call:

ALYSSA PELAEZ

352

432-1053

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

20 JUN 19 PM 1:40
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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	ZOLLO, STEVEN A	11113 SCENIC VISTA DR	<input type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ZOLLO, KELLEY L	11113 SCENIC VISTA DR	<input type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 05/12/2020

Steven A Zullo

Signature of a member or authorized representative of a member

STEVEN A ZOLLO

Typed or printed name of signee