

L20 000127772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

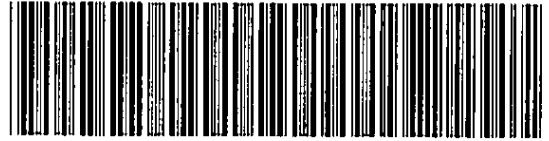
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 24 AM 10:56

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JUL 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CZ CABLE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CISNEY ZAYAS CALZADILLA

Name of Person

Firm/Company

6438 BURGUNDY RD S

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

CISNEYZYASCOMPANY@GMAIL.COM

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

For further information concerning this matter, please call:

CISNEY ZAYAS CALZADILLA

239 3336094
at ()

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CZ CABLE LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L2000012772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

CISNEY ZAYAS CALZADILLA

Enter Florida street address

JACKSONVILLE

City

Florida

32210

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.

CISNEY ZAYAS CALZADILLA

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|------|------------------------|--|------------------------------|
| MGRM | CISNEY ZAYAS CAZADILLA | | <input type="checkbox"/> Add |
|------|------------------------|--|------------------------------|

☒ Remove

☐ Change

| | | | |
|-------|-------------------------|--|---|
| OWNER | CISNEY ZAYAS CALZADILLA | | <input checked="" type="checkbox"/> Add |
|-------|-------------------------|--|---|

☐ Remove

☐ Change

| | | | |
|------|-------------------------|--|---|
| MGRM | CISNEY ZAYAS CALZADILLA | | <input checked="" type="checkbox"/> Add |
|------|-------------------------|--|---|

☐ Remove

☐ Change

☐ Add

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

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E. 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 7/17/2020.

CISNEY ZAYAS CALZADILLA
Signature of a member or authorized representative of a member

CISNEY ZAVAS CALZADILLA
Typed or printed name of signer

Filing Fee: \$25.00