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#### **COVER LETTER**

TO:				•
SHRII		AZ LLC	•	
9000		Name of Lin	nited Liability Company	
			· ·	
Please	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  JESUS REYNOSO  Name of Person  DJ SPINNAZ LLC  Firm/Company  3050 PARTIN SETTLEMENT ROAD  Address  KISSIMMEE/FLORIDA 34744  City/State and Zip Code  JESUSREYNOSO1997@GMAIL.COM  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  REYNOSO  407  S778434  Name of Person  Daytime Telephone Number			
	Division of Corporations  DJ SPINNAZ LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:    JESUS REYNOSO			
			Name of Person  Firm/Company  ENT ROAD  Address  4744  City/State and Zip Code  MAIL.COM  to be used for future annual report notification)  all:  at (407 57784.34 at (Area Code)  Daytime Telephone Number   S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (certificate of Status & Certified Copy)	
	Division of Corporations  ECT:    DJ SPINNAZ LLC			
			Firm/Company	-
		3050 PARTIN SETTLEM	ENT ROAD	
			Address	
		KISSIMMEE/FLORIDA ;	34744	ing:  of Person  ompany  lress  and Zip Code  uture annual report notification)  7 5778434  ca Code Daytime Telephone Number  Filing Fee & S60.00 Filing Fee. ed Copy Certificate of Status & Certified Copy  nal copy is enclosed) Certified Copy
	DJ SPINNAZ LLC  closed Articles of Amendment an return all correspondence concerr  JESUS RET  DJ SPINNA  3050 PART  KISSIMME  JESUSREYN  ther information concerning this man return all correspondence concer	IESTISDEVNOSO1007@C	·	
				ification)
For fur	ther information c		•	
JESUS	Division of Corporations  ECT:    Name of Limited Liability Company			
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$23	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/05/2021}{}$ and assigned	
Florida document number L20000135500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
Kid Zeus LUC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3050 PARTIN SETTLEMENT ROAD	
	KISSIMMEE, FLORIDA	
	34744	
Enter new mailing address, if applicable:	3050 PARTIN SETTLEMENT ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FLORIDA	
	34744	

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

KISSIMMEE

3050 PARTIN SETTLEMENT ROAD

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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			□Remove

Carlotte Commence Contraction

## Page 2 of 3

Effective date, if other than the date of filing:	0207 (3) d as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.  The 90th day after the record is filed.	r of:
Dated October 12 2024.  Outstand	
Signature of a member or authorized representative of a member	
against of a memory of additional representative of a memory	
JESUS REYNOSO  Typed or printed name of signee	