

L20000122453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

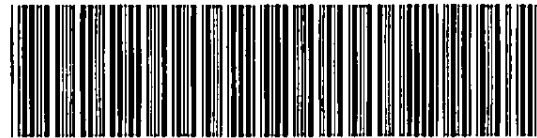
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN -4 AM 11:01
FALLABASH OFFICE

26

COVER LETTER

TO: REGISTRATION SECTION
Division of Corporations

SUBJECT: ZILKA AND ASSOCIATES, LLC

Name of Limited Liability Company

The enclosed certificate and fees are submitted for filing

Please refer all correspondence concerning this matter to the following:

Shawnara Woods

Name of Person

Firm Company

P.O. Box 7115

Address

Tallahassee, Florida 32238

City, State, and Zip Code

shawnawoodsaw@gmail.com

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

For further information concerning this matter, please call:

Shaquana

State 683-2955

Area Code

Daytime Telephone Number

Enclosed is payment for the following amount:

☐ \$25 Filing Fee & \$100.00 Filing Fee &
Certificate of Status

☐ \$55 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Street Address:

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

2023 JAN -4 AM 11:02
STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z. J. S. LIONS, 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 06/16/2020 and assigned
Florida Company ID # 20000166453

This amendment will amend the following:

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

The new name of the Limited Liability Company is _____ "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter the new address, if applicable:

(Principal Place of Business - MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing Address May Be POST OFFICE BOX)

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

Name of New Registered Agent: _____

Enter Florida street address _____

_____, Florida _____

City _____

Zip Code _____

Signature of New Registered Agent:

I, the undersigned, as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the Florida Statutes, to the proper and complete performance of my duties, and I am familiar with and accept my obligations as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed with the Department of Banking and Finance, I hereby confirm that the limited liability company is in compliance with the filing of this change.

Filing Registered Agent, Signature of New Registered Agent

_____ Change

2023 JAN -4 AM 11 : 02
SILVERADO
FALLA AUSTIN TX

2023 JAN -4 AM 11:02

If the recipient does not receive date, it is not an effective date at 12.01 a.m. on the earlier of: (b) The 90th day after the receipt of the notice.

Date: 12-31-2022

Sheryl W. S.
a non-credentialed representative of a member

Typed or printed name of signer