L2000174837

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	_
٠.	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Codified Conics	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
3	
	_

Office Use Only



400348941354

07/28/20--01033--021 **25.00



COVER LETTER

TO: Registration Se Division of Con				
ZAUTIC I	PRIME ENTERPRISES LLC	>	•	
SUBJECT:				.
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HEITOR MIGUEL			
	PEDRO MIGUE	Name of Person L BUSINESS CONSU	LTING LLC	_
		Firm/Company		_
	444 BRICKELL	AVENUE SUITE P15		د این پیر
		Address	·	
	MIAML, FLORIDA, 331	31		···.
	ADM@PEDROMIGUEL	City/State and Zip Code .BIZ		- - -
	E-mail address: (to be used for future annual report no	dification)	
For further information of	oncerning this matter, please c	all:		
HEITOR MIGUEL		786 257-6748		
		at ()	····	
Name o	of Person	Area Code Daytir	ne Telephone Numbe	r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres		Street Address:		
Registration : Division of C		Registration So Division of Co		
P.O. Box 632	•	The Centre of	•	
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 8	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAUTIC PRIME ENTERPRISES LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) (Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L2000174837</u>	ompany were filed on _06/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u> Z P Business Enterprises LLC	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company "the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDR	PFSS)	
Trocton office analess stoot to a street Apple	11.33)	i.
		-
Enter new mailing address, if applicable:		_2
Mailing address MAY BE A POST OFFICE BOX)		
	_	·
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	f office address on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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.

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>	Address	Type of Action
			□Add
		-	□Remove
			□Change
			⊒Add
			□Remove
			<u>=</u> □Change
			□Remove
			☐Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			⊒Remove
			70

				
			<u></u>	
	<u> </u>			
-	· · · · ·	<u>. </u>	-	
				
	-			·
				<u>-</u>
		······································	ú	}))
	-	••		
ective date, if other than the effective date is listed, the date mus	date of filing:		(optional)	
e: If the date inserted in this block	ock does not meet the applica	to date of filing or more than able statutory filing requi	i 90 days after filing.) Put rements, this date will	suant to 605,020 not be listed a
ument's effective date on the De	epartment of State's records.			
record specifies a delayed	Leffective date, but no	t an effectivertime	at 12:01 a.m. on	the earlier c
he 90th day after the rec	ord is filed.	an enective time, a	3C 12.01 a.m. on	tile earlier t
July 20th	2020	11 A		
ed		// / \		
		7		

Page 3 of 3