# L20000268450

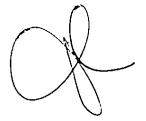
(Req	uestor's Name)	
(Add	ress)	<u> </u>
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(City	/State/Zip/Phone	<del>, #)</del>
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PATRICIA ZIMATH PLLC	<del></del> ,
	20
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Stal	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
1 .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: seth	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Div	ision of Cor	porations		
eun irea		ZIMATH PLLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MARCUS SEGNINI		
			Name of Person	<del></del>
		PS KIS LLC		,
			Firm/Company	<del></del>
		5401 S KIRKMAN RD ST	TE 680	
		<del>.</del>	Address	
		ORLANDO, FL 32819		<u>.</u>
			City/State and Zip Code	<del></del>
		CONTACT@KISCONSUL	T.COM to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please ca		
MARCUS S	EGNINI		407 7074914 at ()	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a	check for the	ne following amount:		
□ \$25.00 F	iling 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATRICIA ZIMATH PLLC		
(Name of the Limited L. (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned
lorida document number L20000268450	·	
his amendment is submitted to amend the followin	g:	
a. If amending name, enter the new name of the	limited liability company here:	
PATRICIA ZIMATH LLC		) -
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
Principal office address MUST BE A STREET A.	DDRFCC)	_ 3
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	Q	
3. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	vmer v toriaa street address	
_	, Floric	
	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>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
		****	□ Remove
			- □ Change
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			☐ Remove
			□ Change
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ective date, if other than the	e date of filing:		(optional)	
effective date is listed, the date mue:  If the date inserted in this bument's effective date on the L	ist be specific and cannot be pric clock does not meet the appli	or to date of filing or more cable statutory filing re	than 90 days after filing.) Pursua	nt to 605,02 t be listed
record specifies a delaye he 90th day after the rec		ot an effective tim	e, at 12:01 a.m. on the	earlier:
ed July 20	23			
	<del></del> · <del></del>	<del></del> •		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00