## L20000319804

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





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SECRETARY OF STATE
TALLAMASSEE, FI

## **COVER LETTER**

Division of Cor			
SUBJECT: Mu	herlic		
SUBJECT: True	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Deneil Ti</u>	Name of Person	
		Firm/Company	
	410 SEQ	lustee Ave	
	Lake City	FL 3Z0Z5 City/State and Zip Code	
	deneila ( E-mail address: (i	City/State and Zip Code  Duahoo. Com  To be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Denei Ti	MMOVS of Person	at ( <u>\$13</u> ) <u>399 – (</u> Area Code Daytim	OZIT ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muber U.C.		
( <u>Name of the Limited</u> (A	Liability Company as it now appears of Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab		$\sqrt{\frac{09}{2020}}$ and assigned
This amendment is submitted to amend the follow:	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Zoza Express UC. The new name must be distinguishable and contain the word		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	<b>AC</b> 22
(Principal office address MUST BE A STREET A	ADDRESS)	
N	A	SSE A III
Enter new mailing address, if applicable:		Con 🙀 🖼
(Mailing address MAY BE A POST OFFICE BO	<u></u>	「清・
N/	Α —	
B. If amending the registered agent and/or registered agent and/or the new registered office address b		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	
. , , , ,	City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Manager Authorized Member N/A Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗅 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		
		<u> </u>	Remove
			□ Change

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note: 1	te date, if other than the date of filing:
the record cord is file	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 d.
Dated_	12/31/24
	Signature of a member or authorized representative of a member
	Deve Timnos Typed or printed name of signee

Filing Fee: \$25.00