## LZ000033008Z

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2020 NOV 20 AH II: 10

LA. 12/28/20

## **COVER LETTER**

TO:

Registration Section

rporations			
mmerman, LLC			
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
Douglas Zimmerman			
	Name of Person		
Name of Person			
	New Smyrna Beach, FL 3	2168	
== =		(Landion)	
	·	meanon	
	at ( )		
of Person	Area Code Daytin	ne Telephone Number	
the following amount:			
	Certified Copy	Certificate of Status & Certified Copy	
		ection	
Corporations	Division of Co	rporations	
		Fallahassee oc Street, Suite 810	
	Amendment and fee(s) are sub- condence concerning this matter  Douglas Zimmerman  1778 Elizabeth St  New Smyrna Beach, FL 3  abbahomesrves@yahoo.com E-mail address: () concerning this matter, please concerning this matter, please concerning this matter.  S30.00 Filing Fee & Certificate of Status	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Douglas Zimmerman    Name of Person	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Douglas Zimmerman, LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/18/2020	and assigned
lorida document number L20000330082		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	cd Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		120 H
Principal office address MUST BE A STREET ADDRI	ESS)	10 V 2
	<del></del>	
inter new mailing address, if applicable:		333
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, ent	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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
MGR	Dillon Zettle	1255 Froman St	
		New Smyrna Beach, FL 32168	Remove
			□Change
MGR	Troy Zettle	910 New York St	<b>≣</b> ∧dd
		Edgewater, FL 32132	□Remove
			□Change
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depart	specific and cannot be prior ( does not meet the applica			
record specifies a delayed effective da lis filed.	te, but not an effective tir	me, at 12:01 a.m. on the	earlier of: (b) The 90th	i day after the
ated Novmber 16	2020			
ated	<del></del> ,	<del></del> -		
	nature of anember or author	rived representative of a m	ember	

Filing Fee: \$25.00