

10/24/22, 2:31 PM

Division of Corporations

Florida Department of State

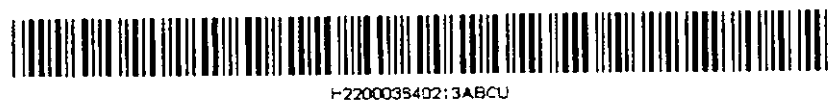
Division of Corporations

Electronic Filing Cover Sheet

L2000333127

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000364021 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MIACCOUNTING CO
Account Number : I20220000131
Phone : (305)610-2704
Fax Number : (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2022 OCT 26 PM 4:17

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZORIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2022 OCT 26 AM 9:11

K. SALY

OCT 27 2022

COVER LETTER

(((H22000364021 3)))

TO: Registration Section
Division of Corporations

SUBJECT: ZORIN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANATOLII ZORIN

Name of Person

ZORIN LLC

Firm/Company

2501 S OCEAN DR

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

info@aniaccounting.us

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

For further information concerning this matter, please call:

ANATOLII ZORIN

305 610 2704

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

(((H22000364021 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H22000364021 3))

ZORIN 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 10/20/2020 and assigned
Florida document number L20000333127

This amendment is submitted to amend the following:

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

The 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:
(Principal office address MUST BE A STREET ADDRESS)

14610 BALLANTYNE LAKE RD, UNIT 827
CHARLOTTE, NC 28277

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14610 BALLANTYNE LAKE RD, UNIT 827
CHARLOTTE, NC 28277

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

Name of New Registered Agent:	MIACCOUNTING CO
New Registered Office Address:	800 SE 4 TH AVE, STE 711
	Enter Florida street address
	HALLANDALE BEACH, Florida 33009
	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

((H22000364021 3))

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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FILA-HS-3011

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

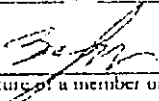
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TALLAHASSEE FLORIDA

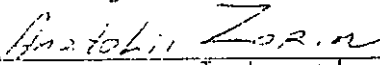
FILED

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER, 24 2022



Signature of a member or authorized representative of a member


Typed or printed name of signer

Filing Fee: \$25.00

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