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: O: Registration Division of C			
ZOI TEC	HELC	• •	<ul> <li>,</li> </ul>
SUBJECT:	Same of car	aited Liability Company	<u></u> \.
The enclosed Articles	of Amendment and (leefs) are sub	united for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	NELSON A., SIERRA R/	MIREZ	
		Name of Person	
	······································	Firm/Company	
	7821NW 72ND AVE		
		Address	
	MEDLEY, FL, 33166		
		City/State and Zip Code	
	ZOHTECHNOLOGY.US@		
	E-mail address. (	to be used for future annual report in	otitication)
For further information	n concerning this matter please e	all:	
NELSON A., SIERRA	ARAMIREZ	321 945 13 33	
Name	e of Person		ime Telephone Number
unciosed is a check for	r the following amount:		
Tr \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Stati.	S55.00 Filing Fee & Confided Copy modified copy is emprised.	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add	ress:	Street Address:	

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

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



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ZOUTECHILLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>NOVEMBER 6, 2020</u> and assigned Florida document number <u>L20000352770</u>.

This amendment is submitted to amend the following:

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

ZOLTECH LLC

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	N/A	21
(Principal office address MUST BE A STREET ADDRESS)		120 1
		30
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		$\sim$

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

Name of New Registered Agent:	NELSON A., SIERRA RAMIREZ	<u> </u>
New Registered Office Address:	7821 NW 72ND AVE	
<u>_</u>	Emer Flor	ida street address
	MEDLEY	. Florida <sup>33166</sup>
	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.

Nelson A., Sierra Ramire

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

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AMBR = Auth	orized	Member
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<u>itle</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
		<u>-</u>	Change
			C Remove
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			Change
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			⊡Remove
			□Change
			□ Add
			□ Remover
			□Change

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

ANDRES A., SIERRA RAMIREZ IS THE CORRECT NAME

ANDRES A., SIERRA SANTAMARIA IT IS NOT CORRECT LAST NAME.

PLEASE CHANGE THE SECOND LAST NAME FOR THE CORRESPONDENCE NAME

AND THE FIRST AMBR

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# 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 \_\_\_\_\_\_.

Nelson A., Sierra Ramirez

Signature of a member or authorized representative of a member

NELSON A., SIERRA RAMIREZ

lyped or printed name of signee

Filing Fee: \$25.00