

L70 000383809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

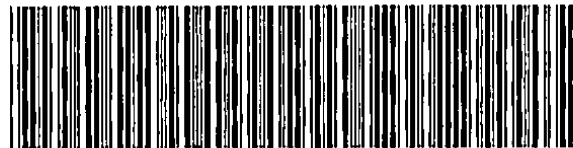
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/05/21--01015--005 \*\*25.00

2021 JAN -5 AM 11:42

FILED

2/11/21  
[Signature]

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ZEIF INVESTMENTS, 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:

DOUG ZEIF

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7511 W. UPPER RIDGE DRIVE

\_\_\_\_\_  
Address

PARKLAND, FL 33067

\_\_\_\_\_  
City/State and Zip Code

ZEIF.DOUG@GMAIL.COM

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

For further information concerning this matter, please call:

DOUG ZEIF

561

302-7491

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JACOB H. ZEIF	7511 W. UPPER RIDGE DRIVE	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMUEL D. ZEIF	7511 W. UPPER RIDGE DRIVE	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2021 JAN -5 AM 11:11  
Change  
Add  
Remove

2021 JAN -5 AM 11:42

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2021 JAN -5 AM 11:42

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**