## L20000383809

(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	/ESTMENTS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	DOUG ZEIF			
		Name of Person		
EQUAL MEASURE PARTNERS				
Firm/Company				
	6574 N. STATE ROAD 7	. SUITE 415		
		Address	23	
COCONUT CREEK, FL 33073			:	
		City/State and Zip Code	: 	
	DZ@EQUALMEASURE.			
	E-mail address: (	to be used for future annual report not	<del></del>	
For further information	concerning this matter, please c	all:	: <del>o</del>	
DOUG ZEIF		561 302-7491	10: 0)	
Name of Person Area Code Daytime Telephone Numb			ne 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 Addi Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Seduction of Coduction of Co	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEIF INVESTMENTS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 01/05/2021	and assigned
Florida document number L20000383809		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		· · · · · · · · · · · · · · · · · · ·
		 C.1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. 5
Truning addition Name and Control of the Control of	<u></u>	:-: 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, 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 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>	Type of Action
AMBR	JENNIFER K. ZEIF 7511 W. UPPER RIDGE DRIVE		□Add
		PARKLAND. FL 33067	■Remove
			□Change
AMBR	JACOB H. ZEIF	7511 W. UPPER RIDGE DRIVE	□Add
		PARKLAND, FL 33067	Remove
		<del> </del>	□Change
AMBR	SAMUEL D. ZEIF	7511 W. UPPER RIDGE DRIVE	
		PARKLAND, FL 33067	■Remove
			□Change
	<del></del>	<del> </del>	
			☐Remove
			- ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
	<del></del>		——————————————————————————————————————
			□ Remove
			☐ Change
<u>_</u>			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/12/2023 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\_JUNE 12 2023

DOUGLAS G. ZEIF

Typed or printed name of signee

Filing Fee: \$25.00