## K21000046752

(Re	questor's Name	)
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ıme)
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		Received 09127

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S. CHATHAM NOV 0 3 2021



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## COVER LETTER

TO: Registration So Division of Con			
ZTD HOM SUBJECT:	IES. LLC		
SOBSECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THOMAS A ZARIKIAN		
		Name of Person	<del></del>
	zarden Ho	Kling, LLC	
		Firm/Company	
	4299 NW 36TH STREET	, SUITE I	
		Address	<del></del>
	MIAMI SPRINGS, FL 33	166	
	TZARIKIAN@EBHOTEL	City/State and Zip Code S.COM	
	E-mail address: (	to be used for future annual report notil	ication)
For further information c	oncerning this matter, please c	all:	
THOMAS A. ZARIKIA	N	646 4152643	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		27 <b>37</b> 50 50 50 50 50 50 50 50 50 50 50 50 50
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		Street Address:	
Keustration 🕆	vection	Registration Sec	tion

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

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



海EI SEP 27 PH 3: 46

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2021

THOMAS A ZARIKIAN 4299 N.W. 36TH STREET SUITE 1 MIAMI SPRINGS, FL 33166

SUBJECT: ZTD HOMES, LLC Ref. Number: L21000046752

We have received your document for ZTD HOMES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file an amendment, a type of action is required for all the officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 721A00021212

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZTD HOMES, LLC			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited		1 01/25/2021	and assigned
Florida document number L21000046752	,		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		ir records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	THOMAS A ZARIKIAN		<u> </u>
New Registered Office Address:	4299 NW 36TH STREET, SU		<b>5</b> 7
	Enter	Florida street address	27
	MIAMI SPRINGS	, Florida <sup>3340</sup>	66
	City		Sub Call Call Call Call Call Call Call Cal
New Registered Agent's Signature, if changing	Registered Agent:		التريخ <u>بريخ</u>

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.

 $\Lambda$  —

If ansending 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>	Name	<u>Address</u>	Type of Action
MGR	THOMAS A ZARIKIAN	4299 NW 36TH STREET, SUITE I	<b>A</b> dd
		MIAMI SPRINGS, FL 33166	□Remove
			□Change
MGR	EDUARDO ZARIKIAN	5130 NW 24TH WAY	<b>@</b> Add
		BOCA RATON, FL 33496	□Remove
			□Change
MGR	MARCO E ZARIKIAN	4299 NW 36TH STREET, SUITE I	<b>\</b> Add
		MIAMI SPRINGS, FL 33166	□Remove
			□Change
MGR	AGZAR, LLC	4299 NW 36TH STREET, SUITE 1	· 公面。 · 公面。——
		MIAMI SPRINGS, FL 33166	ALCONOMIC PARTIES AND PARTIES
			A September 1987
<del></del>			□Add <b>5</b>
			ElRemove
			□Change
			□Add
			□Remove
			Change

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		27
and a second and second second		
ective date, if other than the distribution of the date is listed, the date must be the lift the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing reduction of State's records.	(optional) than 90 days after filing.) Pursuant lo 605.02 quirements, this date will not loss listed.
cord specifies a delayed effective of the field.	ate, but not an effective time, at 12:01 a.m. on th	he earlier of: (b) The 90th day after th
AUGUST 17	2021	
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<del></del>	The state of the s	
Si	maltite of a member of authorized representative of a	member

Filing Fee: \$25.00