## L21 0000 79554

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R. HUNT

## **COVER LETTER**

TO: Registration Sec Division of Cor			
	D. ZAVALLUS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LISA K PILGRIM CPA		
		Name of Person	<del></del>
	LKP GROUP CPAS PLLC		
		Firm/Company	
	8833 PERIMETER PARK	BLVD SUITE 504	
	<del></del>	Address	<del></del>
	JACKSONVILLE FL 322	16	
		City/State and Zip Code	<del></del>
	LPILGRIM@LKPGROUPG	CPA.COM to be used for future annual report notif	(nation)
For further information of	oncerning this matter, please ca	·	illation)
		at (	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	he 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	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERALDO O. ZAVALLUS LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000079584</u> .	ny were filed on FEBRUARY 16, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
GERALD O. ZAVALLOS LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		202)
(Principal office address MUST BE A STREET ADDRESS)		May 2
Enter new mailing address, if applicable:		PHI2:
(Mailing address MAY BE A POST OFFICE BOX)		<b>0</b> 7
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the <u>nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u> </u>	
<del></del> -	
<del></del>	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
If the record a	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 f.
Dated M	Signature of a member or authorized representative of a member
	LISA K-PIŁGRIM CPA (REGISTERED AGENT)
	Typed or printed name of signee