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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUBIE		D. ZAVALLOS LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn ail correspo	ndence concerning this matter	to the following:	
		LISA K PILGRIM CPA		
			Name of Person	201
		LKP GROUP CPAs PLLC		2022 HAR 14 SCREET TANK
			Firm/Company	
		8833 PERIMETER PARK	BLVD SUITE 504	SO R F
			Address	TS C
		JACKSONVILLE, FL 32	216-1110	28
			City/State and Zip Code	
		LPILGRIM@LKPGROUP		
		E-mail address: (	to be used for future annual report not	fication)
For furt	her information c	oncerning this matter, please c	all:	
LISA K	PILGRIM CPA		904 694-4275 at ( )	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERALD O. ZAVALLOS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	<del></del>
Γhe Articles of Organization for this Limited Liability Company	were filed on 02/16/2021	and assigned
Florida document number L21000079584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HATFISHER'S LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ريد در	<b>2022</b>
(Principal office address MUST BE A STREET ADDRESS)		
	် က	
Enter new mailing address, if applicable:	اران المان	
Mailing address MAY BE A POST OFFICE BOX)		: 28 
		11: W
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	ime of the new regi
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	William & Horiting Street Little ESS	
	, Florida _	Zip Code
	City.	Lip Coue

## 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>	Name	Address	Type of Action
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			□Remove
			Change
			□Remove
			Change
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			De Remove  Remove  Remove  Remove  Remove  Change
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				<del>- 변화</del> 교통	<u> </u>
				<u> </u>	<u> </u>
ctive date, if other than the date effective date is listed, the date must be	specific and canno	t be prior to date of	filing or more than 9	<b>(optional)</b> 0 days after filing.)	Pursuant to 605.
e: If the date inserted in this block ument's effective date on the Department			itory filing require	ments, this date	will not be liste
ord specifies a delayed effective d filed.	ate, but not an ef	fective time, at 12	1:01 a.m. on the ea	rlier of: (b) The	: 90th day after
ed MARCH 9	202				
~ <del></del>	·	(1)/-			

Typed or printed name of signee