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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
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(Do	cument Number)	·
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SECRETARY OF STATE

A. BUTLER MAR - 9 2022

COVER LETTER

то:	Registration Sec Division of Cor		-	; F	۲.
CHDU	SZDWI, LĽO	2		4	•
SUBJI	ECI:	Name of Lir	mited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspon	ndence concerning this matter	r to the following:		
		Erik J. Arroyo, Esq.			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Band, Gates & Dramis, P.	L.		
			Firm/Company		_
		2070 Ringling Blvd.			
			Address		_
		Sarasota, Florida 34237			
			City/State and Zip Code		-
		EArroyo@BandGatesDram E-mail address: (nis.com (to be used for future annual report no	otification	
For fur	ther information co	ncerning this matter, please c	•	ocorearion,	
Erik A	rroyo		941 366- 80 10		
	Name of	Person	Area Code Dayti	ime Telephone Numbo	ः
Enclose	ed is a check for the	e following amount:			
□ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certifica	ate of Status &
ť.				(additional	copy is chemisedy
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection prporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

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ZDW1, LLC

ted Liability Company) !A!	EMMASSEE FILE
any were filed on 2-19-2021	and assigned
liability company here:	
iability Company," the designation "LLC" or	the abbreviation "L.L.C."
2	
PO Box 51721	
Sarasota, FL 34232	
ce address on our records, <u>enter the</u> Enter Florida street address	name of the new regist
Florida	
City	Zip Code
ent:	
	any were filed on 2-19-2021 liability company here: iability Company," the designation "LLC" or PO Box 51721 Sarasota. FL 34232 ce address on our records, enter the Enter Florido street address

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>	Address	Type of Action
MGR	Current MGR name	PO Box 51721	□Add
		Sarasota, FL 34232	□Remove
			🗆 🗀 Add
			□Remove
			□ Change
			□Add
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iote: 1	te date, if other than the date of filing:	0207 (3)(b) d as the
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
ated _	·	
	Maria la la constante de la co	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member ASTRUSTEE OF THE DARRING AMES WOODHULL AND ZULEMA ALVARE FAMILY TRUST Typed or printed name of signee	-01111

Filing Fee: \$25.00