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COVER LETTER

	Registration Se Division of Cor		•	
our tro		STATES LLC	,	
SUBJEC	l:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Sam Houston		27
			Name of Person	r 1
		Williams & Associates, P.	A.	()
			Firm/Company	· · ·
		701 E. Tennessee Street		
			Address	
		Tallahassee, Florida 32308	3	
			City/State and Zip Code	
		patelkalpendra@gmail.com	l	
		E-mail address: (to be used for future annual report not	(fication)
For furthe	r information c	oncerning this matter, please c	all:	
Sam Hou	ston		850 222-0013	
	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres		Street Address:	ation
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	= -	The Centre of	
	Pallahassee I			ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZENITH ESTATES LLC

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on _04/01/	2021	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbre	viation "L.IC."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)			
			· <u>-</u>	
			,	
Enter new mailing address, if applicable:			• •	
(Mailing address MAY BE A POST OFFICE BOX)			. .	
to an income the second			 -	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			f the new registered	
	Enter Florida s	Enter Florida street address		
	City	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this cape implete performance of my ent as provided for in Chap	duties, and I am fam oter 605, F.S. Or, if t	iliar with and his document is	

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
MGR	Surti, Prijay	2300 Bluff Oak Way Apt 6202	🖸 Add
		Tallahassee, Florida 32311	■Remove
			□Change
MGR	Parmar, Bhumi	3257 Jasmine Hill Road	bbA⊞
		Tallahassee, Florida 32311	□Remove
			Change
			□Add
			Remove
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ective date, if other than a reflective date is listed, the date te: If the date inserted in this cument's effective date on the	nust be specific a block does not Department of	and cannot be pr t meet the app f State's record	ior to date of fi licable statuto ds.	ing or more than 9 ory filing require	ements, this da	ig.) Pursuant to 60 te will not be li	sted :
cord specifies a delayed effer s filed.	tive date, but n	ot an effective	e time, at 12:0	Ha.m. on the ea	rlier of: (b) '	The 90th day aff	er th
ted July 18							
Sam House	ton	·	<u> </u>				

Filing Fee: \$25.00