

L21000226206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZINGAAT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB PATEL

Name of Person

ACCOUNTAX SERVICES

Firm/Company

2323 TOPAZ ISLE LANE

Address

APOPKA, FL 32712

City/State and Zip Code

BOB@ACCOUNTAXSERVICE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB PATEL

407

252-4538

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

ZINGAAT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/14/2021 and assigned Florida document number L21000226206.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1002 SILCOX BRANCH CIRCLE

OVIEDO, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1002 SILCOX BRANCH CIRCLE

OVIEDO, FL 32765

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ACCOUNTAX SERVICES

New Registered Office Address:

2323 TOPAZ ISLE LANE

Enter Florida street address

APOPKA

City

Florida 32712

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

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>	<u>Type of Action</u>
AMBR	VISHAL PATIL	1002 SILCOX BRANCH CIRCLE	<input checked="" type="checkbox"/> Add
		OVIEDO, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAGAR SOLAT	8 WYNDMOOR WAY	<input checked="" type="checkbox"/> Add
		EDISON, NJ 08820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KILWAR LLC	1002 PENNY LANE	<input checked="" type="checkbox"/> Add
		SCOTCH PLAINS, NJ 07076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YEDAI LLC	2517 PEEKSKILL ROAD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 09 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00