## L21000285970

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## **COVER LETTER**

Registration Section **Division of Corporations** ZION METAL WORK LLC SUBJECT: 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: SORAYA MEIRA Name of Person BELLA FLORIDA CONSULTING LLC Firm Company 7802 KINGSPOINTE PKWY STE 203 Address ORLANDO, FL 32819 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SORAYA MEIRA Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

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

2023 AUS 28 AM, 10

ZION METAL WORK LLC

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

1.	Trionsa chares chomy company	: 0
The Articles of Organization for this Limited Lia Florida document number L21000285970	bility Company were filed on 06/21/2021	and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter th</u> here:	<u>ie name of the new regist</u>
seem with the first registered writer addition	<u>iicix</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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
AMBR	EVELYN DE GODOY M G MELI	12108 SONNET AVE	<b>≡</b> Add
		ORLANDO, Fl. 32832	□Remove
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record specifies a delayed effective date, but not ar	n effective time	e. at 12:01 a.m.	on the earlier of	(b) The 90	th day after the
is tiled.					
	2023	•			
ated August 23  Some DE Mi	2023 ELU				

Filing Fee: \$25.00