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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/26/22--01009--008 \*\*43.75

2023 FEB -1 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZendesK Express 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:

James McHugh  
Name of Person

ZendesK Express LLC  
Firm/Company

3437 Lawton Pl  
Address

Green Cove Springs, FL 32043  
City/State and Zip Code

James @ ZendesKexpress.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James McHugh at (904) 299-7501  
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)

Already submitted  
\$43.75 check

**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

SECRET  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

2023 FEB - 1 AM 9:18

FILED

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

Zendesk Express 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 July 1, 2021 and assigned Florida document number L2100030407.1.

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)

1317 Edgewater Dr. #4645  
Orlando, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1317 Edgewater Dr. #4645  
Orlando, FL 32804

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
<u>CTO</u>	<u>Ishroop Aneja</u>	<u>16332 Patrick Ave.</u>	<input type="checkbox"/> Add
		<u>Omaha, NE 68116</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY  
VALLEY  
2023 FEB - 1 AM 9:10  
Add  
Remove  
Change  
Add

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2023 FEB -1 AM 9:18  
SECRETARY OF DEFENSE  
TALLMAN

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 \_\_\_\_\_ (date of filing or more than 90 days after filing)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this certificate shall not meet the applicable statutory filing requirements; this date will not be listed as the effective date.

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

ord is filed. January 24<sup>th</sup>  
Dated 1-24-23 2023

Signature of a member or authorized representative

James McHugh

Typed or printed name of signee

**Filing Fee: \$25.00**