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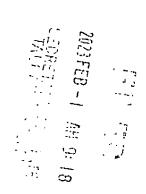
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: ZCAd	esk Express Name of Limited	Lability Company		
	mendment and fee(s) are submit dence concerning this matter to t			
	James Mct	Yame of Person		
	Zendeik E	EimyCompany		
	3437 Lawton	Address		
	Green Cove	Springs, FL City/State and Zip Code	39043	
	James @ Zen E-mail address: (10 t	deske spress. C	oM	
For further information co	neerning this matter, please call:		SHORE TALL	1. 2023 FEI
James M	c High_	at ( <u>904</u> ) <u>299</u> Area Code Daytir	- 7501 >= 0	- <del> </del>
Enclosed is a check for the	Tomes © Zen E-mail address: (to be a call:  Classe Call: Person  c following amount:		) 	9
☐ \$25.00 Filing Fee	▼ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filing # Certificate of S Certified Copy	ee. 🐱 Status &
	Already Submitted & 43.75chem		(additional copy is	venclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mon	orporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zendesk Express	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on July 1, 2021 and assigned
Florida document number <u>L 21 000 30 4 0 7 1</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1317 Edge water Dr. # 4645 Orlando, FL 32804
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32804
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1317 Edge water Dr. # 4645 Orlando, FC 32804
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address [7]
	Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u> </u>	Ishcoop Aneja	16332 Patrick Ave.	_ □Add
		Omaha, NE 68116	<b>@</b> Remove
			□Change
			_ □Add
			□Remove
			□Change
		SHORETANA	Add FE Change
			Changè , , , , , , , , , , , , , , , , , , ,
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(If an effective date is I Note: If the date it	ther than the date of fili- sted, the date must be specific a serted in this block does not e date on the Department of	nd cannot be prior to date of meet the applicable sta	Colling or more than 90 days	optional) s after filing.) Pursuant to 605,0207 is, this date will not be listed as i
	t I t W. arion data but n	or an affective time at 1	2.01 a.m. on the earlier of	of: (b) The 90th day after the
		or an encourse must be		
J. 7.	enon of	2023		
Dated / d	<del>- 23</del>	. 0007		
	Signature of	nn	procontative of a member	
	Signature of	a memoer or aumorized re	presentative of a member	
	T	Mr HvaL		

Filing Fee: \$25.00