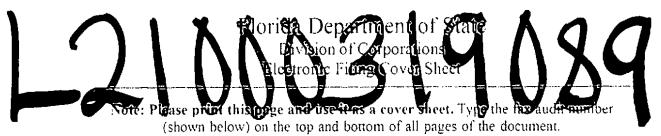
11/25/24, 2.31 PM

Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. and a supplication of the control of

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)389-0502

□□□ Tenter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZS ALLIANT LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55,00

M. SOLOMON

NOV 2.6 2004

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Help

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## **COVER LETTER**

TO: Registration 3 Division of Co				
SUBJECT: ZS A	LLIANT LLC			
SCBJECT:		nited Liability Company		
The enclosed Articles (	of Amendment and fee(s) are sub	omitted for filing		
	pondence concerning this matter			
	Mike Town			
		Name of Person		
	Legalzoom com, Inc.			<b>202</b>
		Firm/Company		
	9900 Spectrum Dr			07 26 1
		Address		
	Austin, TX 78717			2024 NOV 26 PM 4: 40 SERVICE PARE FL
	zac, simpson I I 2@gmail.coi	City/State and Zip Code		10 to
	E-mail address (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	al)		
Mike Town		800 773-0888 ai ()		
Name	of Person	Area Code Dayrims	: Telephone Number	<del></del>
Enclosed is a check for	the following amount:			
□ \$25 00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Regis	LING ADDRESS: stration Section rou of Corporations	STREET/COURI Registration Section Division of Corpor	n	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Τo.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13236068205

ZS ALLIANT LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	l <u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000319089}{1.21000319089}$ .	were filed on 07/13/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC	or the abbieviation "L.L.C."	
Enter new principal offices address, if applicable:	10244 Amber Hue Lane	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Las Vegas, FL 92107	247 EG:	
		Q !!	
Enter new mailing address, if applicable:	10244 Amber Hue Lane	PHASSES	
(Mailing address MAY BE A POST OFFICE BOX)	Las Vegas, FT. 92107	To F O	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:			
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this 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

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Title	Name	<u>Address</u>	Type of Action
AMBR	Zachary Sumpson	<del></del>	Add
			□ Remove
		16244 Amber Huc Lane, Las Veg	as, FL 92107 ■ Change
			□ Add
			□ Remove
			□ Change
			2 Vo
			Ronove Ro
			FLC Add
			□ Remove
			Change
			☐ Add
			□ Remove
			Change
<u></u>			D Add
			Remove
			☐ Change

. Page 11 of 51	2024-11-25 14:59:27 PST	13236068205	From: Rajiv Srivasta
D. If amending any other informatio	n, enter change(s) here: (Attach ca	lditional sheets, if necessary.)	
			<del>-</del>
			_
<del></del>			_
			<u>-</u>
		ユー <b>の</b> のこ コ ロサ、コ	1_ <b>7</b> 7%
			-
			_
E. P. Considered the state of t	es of filing.	(optional)	
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory	(o) more than 90 days after filing.) Pursuant to filing requirements, this date will not be i	x05 ((207 (3)Hb) sted as the
If the record specifies a delayed e (b) The 90th day after the record		ve time, at 12:01 a.m. on the eac	lier of:
Dated			
/S/ Zachary Sim	oson		
Sig	gnature of a member or authorized represent	ануе оси претиет	

To:

Page 3 of 3

Typed or printed name of signee

Zachary Simpson

Filing Fee: \$25.00