

h21000332568

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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THESE



# COVER LETTER

TO: Registration Section  
- Division of Corporations

SUBJECT: GENERATIONZ FL LIMITED LIABILITY COMPANY.

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:

Erika Fitzgerald

Name of Person

Firm/Company

1243 S. Victoria Ave

Address

Los Angeles, CA 90019

City/State and Zip Code

erika\_fitzgerald@outlook.com

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

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For further information concerning this matter, please call:

Erika Fitzgerald

310

706-7949

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**

GENERATIONZ FL LIMITED LIABILITY COMPANY

(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 07/22/2021 and assigned  
Florida document number L21000332568.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1243 S. Victoria Ave  
Los Angeles, CA 90019

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HARRIS COUNTY, TEXAS

**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:

Erika Fitzgerald

New Registered Office Address:

4700 US 27 S. UNIT# C

Enter Florida street address

SEBRING

City

Florida 33870

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	FITZGERALD, JEREMY S	1243 S VICTORIA AVE.	<input checked="" type="checkbox"/> Add
		LOS ANGELES CA 90019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRESIDE	FITZGERALD, DANIEL S.	119 VIA MARINA.	<input checked="" type="checkbox"/> Add
		MARINA DEL REY, CA 90292	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FITZGERALD, ERIKA	1243 S VICTORIA AVE.	<input checked="" type="checkbox"/> Add
		LOS ANGELES CA 90019	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MASSACHUSETTS

(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)

**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 July 28th, 2022

Erika Fitzgerald

Typed or printed name of signee