

L21 000353499

(Requestor's Name)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

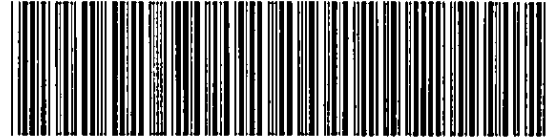
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

9/20/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZENLIKE 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:

ALAIN A KRAUSE

Name of Person

ZENLIKE LLC

Firm/Company

715 N Rhodes AVE

Address

Sarasota.FL 34237

City/State and Zip Code

zenlikelle@gmail.com

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

For further information concerning this matter, please call:

Name of Person Area Code Daytime Telephone Number

Alain A Krause 941 376-6927

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**

ZENLIKE 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 August 5th, 2021 and assigned
Florida document number L21000353499.

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
 16. Area
 17. Discipline
 18. Branch
 19. Division
 20. Department
 21. Faculty
 22. School
 23. College
 24. University
 25. Institute
 26. Center
 27. Program
 28. Course
 29. Module
 30. Unit
 31. Lesson
 32. Chapter
 33. Section
 34. Part
 35. Volume
 36. Issue
 37. Page
 38. Number
 39. Year
 40. Month
 41. Day
 42. Hour
 43. Minute
 44. Second
 45. Millisecond
 46. Microsecond
 47. Nanosecond
 48. Picosecond
 49. Femtosecond
 50. Attosecond
 51. Zeptosecond
 52. Yoctosecond
 53. Planck time
 54. Age of the universe
 55. Life expectancy
 56. Human lifespan
 57. Maximum lifespan
 58. Life span
 59. Life expectancy at birth
 60. Life expectancy at age 65
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E. Effective date, if other than the date of filing: 08/05/2021 (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)

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.

Dated August 26th, 2021

Signature of a member or

Signature of a member or authorized representative of a member

Alain A Krause

Typed or printed name of signee

Filing Fee: \$25.00