## L21000372428

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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01-1-7

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CZ, LLC SUBJECT:			
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christina Zynko		
		Name of Person	
	CZ, LLC		
	<del></del>	Firm/Company	
	3060 NE 190 St Apt 312		
	•	Address	_
	Aventura, FL 33180		
	_	City/State and Zip Code	•
	czynko@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Christina Zynko		305 440-9044 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	☐ \$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		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CZ, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000372428	were filed on August 18, 2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
CHRISTINA ZYNKO, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "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)		
during duriess will bis it out of the bony		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the nam	e of the new regist
Name of New Registered Agent:	<u></u>	<u> </u>
New Registered Office Address:		<u> </u>
-	Enter Florida street address	
	, Florida	<u> </u>
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

C7 11 C

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, 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>	Address	Type of Action
<del></del>			
			□Remove
			Change
			🗀 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Remove
			Change
			DAdd
			□Remove
			□Change

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	<u> </u>
<del></del>	
<del> </del>	
ective date, if other	than the date of filing: (optional)
	he date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 In this block does not meet the applicable statutory filing requirements, this date will not be listed a
	e on the Department of State's records.
	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
s filed.	
Santambar 10	2021
ed September 10	
	Signature of a member or authorized representative of a member
	orginate of a member of authorized representative of a member
Christina Zynk	ко
<del>-</del>	Typed or printed name of signee