## 121000376165

Office Use Only



900374779339

10/13/21--01008--020 \*\*30.00

2021 OCT 13 AM 8: 02 SECREDADA SECRETARIA

D. BRUCE OCT 23 2021

## **COVER LETTER**

Division of Con	porations			
SUBJECT: ZOF	Arria Enterpr Name of Lim	15e5		
,	. Name of Enti	neo Diability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Boris Ed	Name of Person		
	Zolarria C	Enterprises LLC		
		Firm/Compány  237		
		Address	<u></u>	
	Sharpes,	FL 37959 City/State and Zip Code	··-·	
	borisedward:	S @ ZolArriaewterprises to be used for future annual report notif	COM fication)	
For further information co	oncerning this matter, please of	all:	TAL	2021 O SECTO
Boris Edi	vards	at ( <u>37</u> <u>5/9-6</u> Area Code Daytime	655	
Name of	Person	Area Code Daytim	e Telephone Number	ZOZI OCT 13 AM 8
Enclosed is a check for th	e following amount:		- - - -	9: 02 - 5/35
☐ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Copy (additional copy	Fee. Status &

Mailing Address:

**Registration Section** 

TO:

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

Zolarria Ent	terprises				
(Name of the Limited Liability (A Florida Liability)	Company as it now appears mited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000376165</u>	npany were filed on	B/23/2021	a	nd assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited	Liability Company,,, the des	signation "LLC,, or the	abbreviat	tion "L.L	.C.,,
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>		<del></del>		
Enter new mailing address, if applicable:			INLLA INLLA	20 <b>2</b> 1 OCT	- <0
(Mailing address MAY BE A POST OFFICE BOX)			Ž.,	ω	1
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our rec	cords, <u>enter the n</u>	ame of t	B: Ohe he hew	registere
Name of New Registered Agent:					
New Registered Office Address:	Enter Floria	la street address			
		, Florida		<u>.</u>	
	Ciţv		Zip	Code :	
New Dogistamed Agent's Cignature if shanging Dogistared A	Laranti				

## 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, 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
AP	TAMARA Holmes-Edwards		
		Sharper, FL 32959	MRemove
			□Remove
			□Change
<del></del>			□ Add
			□Remove
			202 Change PAdd
			Remove
			☐☐ R □Change
		<del></del>	□Remove
			□ Change
			□Remove
			□Change

		<del></del>
		<del></del>
		<del></del>
		2021
	<u> </u>	- <u></u>
	P. 1	
	35	ω : 
	हे-ल ्य	= :
	)	<u>8:</u> 02
	ra 	8
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of  ote: If the date inserted in this block does not meet the applicable state iccument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12 is filed.		th day after the
Boun Z. L. Signature of a member or authorized rep		
D 7 11		
Down Chi		
Signature of a member or authorized rep	resentative of a member	