## 121000384477

(Requestor's Nam	ne)
(Address)	
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(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity I	Name)
(Document Numb	per)
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## **COVER LETTER**

TO:	Reg Divi	istration Sec ision of Corp	tion orations .	; •	F	ð,	•	<i>j</i>
CHD IE	cerre.	до <mark>ј</mark> о ном	v ES LLC		,	t k	ŧ	•
SUBJE	Name of Limited Liability Company							
The enc	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn	all correspon	idence concerning this matter	to the following:				
			MARICARMEN APONTE	3				
				Name of Person			<del></del>	
			MACCPALAW LLC					
				Firm/Company				
			125 E PINE ST #1208					
				Address				
			ORLANDO, FL 32801					
				City/State and Zip Coc	ie	-		
			MACCPALAW@GMAIL.G	COM to be used for future annu	al report notific	cation)		
For furth	her ir	iformation co	oncerning this matter, please ca					
		MEN APONT			433-7373			
Name of Person			at () _ Area Code	Daytime	Telephone	Number		
Enclose	d is a	check for the	e following amount:					
■ \$25.00 Filing Fee				☐ \$55.00 Filing Fe Certified Copy (additional copy is a		(	Certified (	of Status &
		iling Address			Address:	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

ZOJO HOMES LLC					
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited I	ny as it now appears on clability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L21000384477</u>	bility Company			and assigned	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:	re:  Signation "LLC" or the abbreviation "LLC."  Pine 51 #1208  0, FL 32801  Scords, enter the name of the new registered and street address		
The new name must be distinguishable and contain the we	rds "Limited Liabil				
Enter new principal offices address, if applica	ble:	125 B KIY	ne 55 #1	<u> 208</u>	
(Principal office address MUST BE A STREET	(ADDRESS)	<u>Uriando,</u>	-L 3280	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>				
B. If amending the registered agent and/or re agent and/or the new registered office address	here:			of the new registe	rec
Name of New Registered Agent:	Marica	emen Apor	TE	0.7	
New Registered Office Address:	125 E 1	PINE ST #12	08		し
	Oplan	Enter Florida sti	reet address , Florida	325012	_

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

WOLLD HISTORICAL CO

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Curda

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
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D. If amending	any other information,	enter change(s) here:	(Attach addition	nal sheets, if necessary.)	
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(If an effective d <u>Note:</u> If the	te, if other than the date late is listed, the date must be sp date inserted in this block do ffective date on the Departr	ecific and cannot be prior to o bes not meet the applicabl	date of filing or mo e statutory filing	(optional) re than 90 days after filing.) Pursuant to requirements, this date will not be l	505.0207 (3)(1 isted as the
If the record speci record is filed.	fies a delayed effective date	, but not an effective time	e, at 12:01 a.m. o	n the earlier of: (b) The 90th day a	fter the
Dated NOVE	EMBER 12TH	2021		Mac liv pc. 6627	り
		MariCarme	n Aponte.	all al si	
	Signa	ture of a member or authoriz	ed representative of	of a member	
		MARICARMEN	APONTE CPA	Fso	
	<del></del>	Typed or printed i	name of signee		

Filing Fee: \$25.00