121000394171

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor	ction porations		•
	namber LLC	*	
SUBJECT:	Name of Lim	ited Liability Company	*
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Jacqueline Quiroga		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	5511 Parkcrest Drive STE	103	
		Address	
	Austin, Texas, 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co E-mail address: (om to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	·	
Jacqueline Quiroga c/o 2	tenBusiness INC	844 493-6249 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632	Corporations	Division of Cor	rporations
T.O. DOX 034	. /	The Centre of T	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gotts 49 Chamber LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000394171</u>	ompany were filed on 09/03/2021	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	<u>. </u>
		<u> </u>
		1
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	<u> </u>
		, , , , ,
	Flo	orida
New Registered Agent's Signature, if changing Registered	•	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, an ent as provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Lori Gottsegen	7115 Ayrshire Lane	■Add
		Boca Raton, F1, 33496	□Remove
			□Change
· 			□Add
			□Remove
			Change
			□Add
			□Remove
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ffective date, if other than the date must have directive date is listed, the date must have inserted in this blococument's effective date on the Dep	ik does not meet the applica	o date of filing or more that ble statutory filing requ	90 days after filing.) Pursuant to Grements, this date will not be 1	505.0207 isted as (
record specifies a delayed effective of is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
ated September 14th	2021	_ ·		
	ls/ Gregg Gott	segen		
		icad corresponding of a m		
31	ignature of a member or author	ized representative of a m	moer	