

K21 000484922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

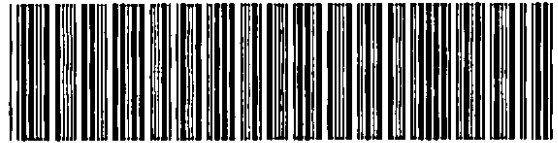
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/22--01031--000 **25.00

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2022 FEB 28 AM 7:22

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR - 9 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZACS SOLUTIONS AND DEVELOPMENT 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:

ANDREA FERNANDES

Name of Person

ZACS SOLUTIONS AND DEVELOPMENT LLC

Firm/Company

335 SNOOK WAY

Address

KISSIMMEE/FL 34759

City/State and Zip Code

contact@mybeautyandglow.com

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

For further information concerning this matter, please call:

Andrea Fernandes

(918) 346-4720

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$5.00\$ 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

ZACS SOLUTIONS AND DEVELOPMENT LLC

FILED

(Name of the Limited Liability Company as it now appears on our records, AM 7:23
Florida Limited Liability Company)

2022 FEB 28
SECRETARY OF STATE
TALLAHASSEE, FL
11/09/2021

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L21000484922

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)

335 SNOOK WAY, KISSIMMEE/FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

335 SNOOK WAY, KISSIMMEE/FL 34759

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:

ANDREA FERNANDES

New Registered Office Address:

18602 E 99TH ST N, OWASSO, OK 74055

Enter Florida street address

OWASSO

, Oklahoma

74055

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DSE ENTERPRISES LLC	18602 E 99th St N, Owasso, OK - 74055	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZIPPA COMPANY LLC	335 SNOOK WAY, KISSIMMEE, FL 34759	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCIS ZIPPA	335 SNOOK WAY, KISSIMMEE, FL 34759	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASSIA MORAES	335 SNOOK WAY, KISSIMMEE, FL 34759	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR

ANDREA FERNANDES

18602 E 99TH ST N, OWASSO, OK 74055

☐ Add

☒ Remove

☐ Change

☐ Add

☐ Remove

☐

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

(This area is intentionally left blank for amendments. A diagonal line is drawn across the space.)

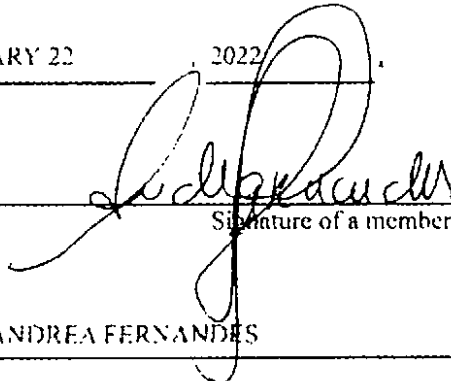
E. Effective date, if other than the date of filing: _____ (optional)

*(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 FEBRUARY 22

2022



A handwritten signature in black ink, appearing to read 'Andrea Fernandes', is written over a horizontal line.

Signature of a member or authorized representative of a member

ANDREA FERNANDES

Typed or printed name of signee

Filing Fee: \$25.00