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SECRETARY OF CALLAHASSEE, FLORID



COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: Zest	(onvertions	LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing	
Please return all correspon	dence concerning this matter	to the following:	
	Estelle	Bain	
		Name of Person	
		Firm/Company	
	4671 137	th Soven	
		Address Address	
	54 Petersbu	City/State and Zip Code rida Van life.co to be used for future annual report not	3711
) III - CI	City/State and Zip Code	
	hello Q+loi E-mail address:	r, Ca, Van Ji Fe, CO to be used for future annual report not	ification)
For further information co	ncerning this matter, please or		
Estelle Bain		at (952) 250 Area Code Daytin	0000
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	tollowing 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 Address		Street Address:	
Mailing Address: Registration Section		Registration Se	ection
Division of Co P.O. Box 6327	-	Division of Co The Centre of	•
Tallahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zesty Convertions	LLC	
(Name of the Limited I	iability Company as it now appears of londa Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 12 490	og 2021 and assigned
This amendment is submitted to amend the following	ng:'	
A. If amending name, enter the new name of the Florida yan life to The new name must be distinguishable and contain the words Enter new principal offices address, if applicable	LLC s"Limited Liability Company," the desig	
(Principal office address MUST BE A STREET A	•	
	•	
Enter new mailing address, if applicable:	 ,	
(Mailing address MAY BE A POST OFFICE BO.	<u>x</u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address he		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street whitess
-	Cin	, Florida
	CiÝ.	лір Соск

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>	Name	Address	Type of Action
4 MBR	Lebelo Lesley Mosehle	6703 5 juaniea, Tampa, 3	861 e NV99
		·	□Remove
			□Change
 .			🗆 🖊 🖺 🖺
			□Remove
		•	Change
			🗆 ^dd
			□Remove
			Change
			🗗 🗖 Add
			□Remove
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			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	·
_	
	
If an effect Note: If	c date, if other than the date of filing:
e record s rd is filed	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
Dated <u>/</u>	1-22-22
	EState LE
	Estelle L Berin Typed or printed name of signee
	Estelle / Rais
	Typed or printed name of signee