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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656,7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

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PRIORITY Regular Approval

OUR REF # (Order ID#) 994300

ORDER ENTITY_

ZORBA FLORIDA REALTY GROUP, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: ZORBA FLORIDA REALTY GROUP, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: (omry@getzorba:com/7

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 26, 2022 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZORBA FLORIDA REALTY GROUP, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	cars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L21000532975	December 27, 2021 and assigned
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." th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
Principal office address MUST BE A STREET ADDRESS)	2012 J.W.
	0
Enter new mailing address, if applicable:	7 70
Mailing address MAY BE A POST OFFICE BOX)	
	. (d
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter F	records, enter the name of the new register
	, Florida
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>	Address	Type of Action
MGR	Saul Delgado	989 NW 132 Ave W	≘ Add
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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to eate: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	e statutory filing re	quirements, this c	ling.) Pursu:	ant to 605.02 of be listed
ecord specifies a delayed effective date, but not an effective time is filed.	., at 12:01 a.m. on t	he earlier of: (b)	The 90th	day after ti
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Filing Fee: \$25.00