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(Requestor's Name)
(Address)
(verses)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 MAR -4 AM 8: 51 SECRETARY OF STATE TALLAHASSEEL IT OF

COVER LETTER

	gistration Se rision of Cor			
	ZJ foods E	L.C		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Fabrizio Lengua		
			Name of Person	
		ZenBusiness INC.		
		-	Firm/Company	
		5511 Parkerest Dr. Suite 1	0.3	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	****
		fulfillment@zenbusiness.co	om to be used for future annual report	natification)
For further i	nformation c	concerning this matter, please co		,
Fabrizio Lei	ngua		512 237-7349)
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00 1	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)
	niling Addres		Street Address Registration	
Di	vision of C	Corporations	Division of C	Corporations
P.(D. Box 632	2.7	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR -4 AM 8: 51

r () () () () () () () () () (
and assigned		
tion "L.L.C."		
Miami, FL 33132		

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
AMBR	Zouheir Jrad		□Add
			□Remove
		1750 N bayshore drive 3509 Miami, FL 33132	Change
			□Add
			□Remove
			□Change
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			□Change
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			□Remove
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			□Remove
		·····	□Change

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fective date, if other than the dance of the date is listed, the date must be steel. If the date inserted in this block cument's effective date on the Department.	c does not meet the applic	able statutory filing rec	(optional) nan 90 days after filing.) Pursua puirements, this date will no	ant to 605,020 of be listed a
record specifies a delayed e The 90th day after the recor	ffective date, but no d is filed.	it an effective time	e, at 12:01 a.m. on th	e earlier o
ted	. 2022	·		
	/s/ Zouheir		month of	

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Filing Fee: \$25.00