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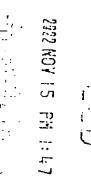
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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October 24, 2022

JAWAD R KHAWAJA ZAYTON ENTERPRISES LLC 10911 MONTROSE AVE TEMPLE TERRACE, FL 33617

SUBJECT: ZAYTON ENTERPRISES LLC

Ref. Number: L22000006954

We have received your document for ZAYTON ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner Director

www.sunbiz.org

OT 000 F F 11 1 1 10 10 11 10 000 1

Letter Number: 222A00023796

COVER LETTER

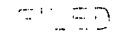
Tallahassee, FL 32314

	gistration Sec vision of Corp			
SUBJECT.				•
SUBJECT:			ited Liability Company	<u> </u>
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		JAWAD R KHAWAJA		
		SENTERPRISES LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: JAWAD R KHAWAJA Name of Person ZAYTON ENTERPRISES LLC Firm/Company 10911 MONTROSE AVE Address TEMPLE TERRACE, FL 33617 City/State and Zip Code jawadkhawaja66@ gmail.com E-mail address: (to be used for future annual report notification) a concerning this matter, please call: A		
		ZAYTON ENTERPRISES	STLC	
			Firm/Company	
		10911 MONTROSE AVE		
	Address TEMPLE TERRACE, FL 33617 City/State and Zip Code			
		TEMPLE TERRACE, FL	33617	
		· · · · · · · · · · · · · · · · · · ·	m	(Destion)
For further i	nformation co			incum,
JAWAD R	KHAWAJA			
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re	niling Address gistration S vision of Co	ection	Registration Se	
	O. Box 6321	-		•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



2922 NOV 15 PM 1: 47 ZAYTON ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/01/2022}{1}$ ____ and assigned Florida document number 1.22000006954 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 "LLC." 9376 OAKHURST RD Enter new principal offices address, if applicable: SEMINOLE, FL 33776 (Principal office address MUST BE A STREET ADDRESS) 9376 OAKHURST RD Enter new mailing address, if applicable: SEMINOLE, FL 33776 (Mailing address MAY BE A POST OFFICE BOX)

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:

JAWAD R KHAWAJA Name of New Registered Agent: 10911 MONTROSE AVE New Registered Office Address: Enter Florida street address TEMPLE TERRACE _____, Florida 33617 Zw 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>	Type of Action
MGR	AQUEL F SULEIMAN	4204 FISHERMANS LAKE DR	□ Add
		LUTZ, FL 33558	■Remove
			□Change
			□Add
			□Remove
			□ Change
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fective date, if other than t	he date of filing:		_ (optional)
ote: If the date inserted in this	nust be specific and cannot be prior to block does not meet the applicable Department of State's records.		
ecord specifies a delayed effectis filed.	tive date, but not an effective time	e, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
nted JULY 08	. 2022	. •	
()	/		
\ \ \ \ \		zed representative of a membe	

Typed or printed name of signee