

K22000151320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

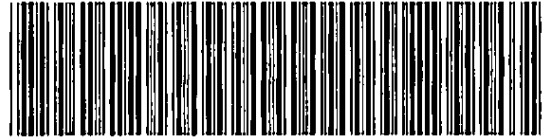
(Business Entity Name)

(Document Number)

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2022 JUN 27 PM 6:19

CLERK OF STATE  
JULIA A. GREGG, CL

A. BUTLER

SEP 21 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zenith Advisory Group, 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:

Krystal Dale

\_\_\_\_\_  
Name of Person

Zenith Advisory Group

\_\_\_\_\_  
Firm/Company

1900 SE 18th Ave

\_\_\_\_\_  
Address

Ocala, FL 34471

\_\_\_\_\_  
City/State and Zip Code

kdale@crippencpa.com

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

For further information concerning this matter, please call:

Krystal Dale

352

461-6108

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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:**

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

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SECRETARY OF STATE  
TALLAHASSEE, FL  
rds.)

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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	Bart Patterson	3360 TRULUCK PLACE	<input checked="" type="checkbox"/> Add
		Oxford, FL 34484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mike Torres	2333 SE 79th Street	<input checked="" type="checkbox"/> Add
		Ocala, FL 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Krystal Dale	9595 SW 51st Circle	<input checked="" type="checkbox"/> Add
		Ocala, FL 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kevin Keen	6202 NW 21ST ST	<input checked="" type="checkbox"/> Add
		OCALA, FL 34482	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated June 22, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**