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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

	Registration S Division of Co			
SHDIEC	Zeus Worl	d, LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		David A Lloyd		
			Name of Person	
		Zeus World, LLC		
			Firm/Company	
		8246 Man O War Road		
			Address	
		Palm Beach Gardens, FL	33418	
			City/State and Zip Code	
		davidusalloyd@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further	er information o	concerning this matter, please c	all:	
David A	Lloyd		561 324-5381	
	Name (of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addre		Street Address:	ction
	Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	
•	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zeus World, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L22000201450	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Boca Sports Garden LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	1-3
		(.
Enter new mailing address, if applicable:		i 2
(Mailing address MAY BE A POST OFFICE BOX)		1.3
		()
B. If amending the registered agent and/or register	ed office address on our records, enter the n	name of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
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If an effect <u>Note:</u> If	e date, if other that tive date is listed, the da the date inserted in the seffective date on	ite must be specific this block does no	and cannot be p of meet the app	rior to date of filir plicable statutor	ng or more than sy filing require	(optiona 0 days after filir ements, this da	ng.) Pursuant to 60	5.0207 (ted as t
e record s rd is filed	specifies a delayed et 1.	ffective date, but	not an effectiv	'e time, at 12:01	a.m. on the ea	irlier of: (b)	The 90th day afte	er the
Dated	JULY	29th	· 	24,				
		Signature o	Ta member of a	uthorized represe	ntative of a men	ber		

Filing Fee: \$25.00