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SECRETARY OF STATE TALLAHASSEE, FL

FILED 2022 AUG-1 PH 4: 47

COVER LETTER

TO: Registration Se Division of Cor			•		
	TIONS L'LC		•		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JENNIFER M ZURITA				
		Name of Person			
	Z'S CREATIONS LLC				
Firm/Company					
	4357 DEWBERRY ST				
		Address			
	SPRING HILL, FL 34608				
		City/State and Zip Code			
	MERCEDEZJ16@GMAIL				
The Real of Education		to be used for future annual report n	otification)		
	oncerning this matter, please c				
JENNIFER M ZURITA		352 835-8705 at () Area Code Dayt			
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 9		Street Address: Registration S	Section		
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z'S CREATIONS 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 $\frac{05/06/2022}{2}$ and assigned Florida document number [1,22000215517 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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>	<u>Address</u>	Type of Action
MGR	JENNIFER M ZURITA	4357 DEWBERRY ST	₹Add
		SPRING HILL, FL 34608	□Remove
			□Add
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cannot be p s block does not meet the ap	plicable statutory filin	(option nore than 90 days after fil ag requirements, this d	ing.) Pursuant to 605.0207 (3)(
f the record specifies a delayed effe ecord is filed.	tive date, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	2022	·		
Jufe	Signature of a member or a	authorized representative	of a member	
KENNIFER M ZURI				
	Typed or p	orinted name of signee		

. . . -

Filing Fee: \$25.00