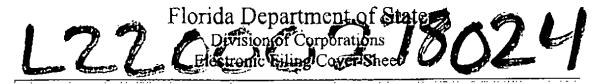
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000248987 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone

: (727)442-1200 : (727)443-5829

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

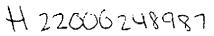
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZACCO HOLDINGS II, L.L.C.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Help 10L 25 2022 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ZACCO HOLDINGS II, L.L.C. (Name of the Limited Limbility Comp.)	any as it now appears on our records.) Liability Company)			
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 06/17/2022	and assigned		
Florida document number L22000278024				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:			
,				
The new name must be distinguishable and contain the words "Limited Liab	illty Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5011 S. STATE ROAD 7			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 107			
	DAVIE, FL 33314			
Enter new mailing address, if applicable:	5011 S. STATE ROAD 7			
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 107			
	DAVIE, FL 33314			
	6	7.00.2		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ime of the new regis		
Name of New Registered Agent:		FILEU 22 P		
•		PH		
New Registered Office Address:	Enter Florida street address	95 ÷		
•	. Florida	200 03		
		Zip Code		
	City	Lipi Code		

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:

H72000248987 =

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			☐ Change
Thus.			□ Remove
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- Effortiv	ve date, if other than the date of filing: (optional)
(If an effect Note: 1:	ctive 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 (I f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the office of the date on the Department of State's records.
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	July 22, 2022.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

H122006248987 3

Filing Fee: \$25.00

Typed or printed name of signee