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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95	
	REFERENCE	:	605521	7567450	
	AUTHORIZATION	:			
	COST LIMIT	:	\$ 25.00		
				- Charles	
ORDER DATE :	August 22, 2024			O Line	
ORDER TIME :	1:26 PM				
ORDER NO. :	605521-045				
CUSTOMER NO:	7567450				
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DOMESTIC FILINGS					

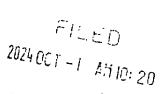
NAME: AMZAK PECAN LLC

<u>XX</u> 7	ARTICLES OF DISSOLUTION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	_ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING
CONTACT	T PERSON: Amanda Miller - EXT#
	EXAMINER'S INITIALS:

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJI	Amzak Pecan LLC SUBJECT:				
	(Name of Li	mited Liability Company)			
The en	aclosed Articles of Dissolution and fee(s) are sub	mitted for filing.			
Plcase	return all correspondence concerning this matter	to the following:			
	0	Name of Person)			
	(Firm/Company)				
	(Address)				
	(City	/State and Zip Code)			
For fur	nther information concerning this matter, please c	call:			
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
(□ \$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314		Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liabil Amzak Pecan LLC	ity company is		· · · · · · · · · · · · · · · · · · ·			
2.	The Articles of Organization	were filed on 06/2	29/2022	and assigned			
	document number L220003	00247					
3.	(effective Note: If the date inserted in the	fective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) to inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the copy 605.0707 on b	limited liability companack cover letter).	ny's dissolution pursuant	to section		
		. <u>.</u>					
5.	If there are no members, ent activities and affairs:	no members, enter the name and address of the person appointed to wind up the company's Michael Kazma 980 N Federal Highway, Suite 315			ıpany's		
		Boca Raton, FL 3	3432				
6. ab	Signature of an authorized pove to wind up the company'	erson or if there are s activities and affa	no members, the signatures:	ture of the person appoin			
			Michael Kazma				
	Signature		F	rinted Name			

FILING FEE: S25.00