LZZ U00312314

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

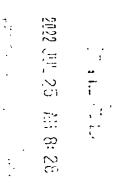
Office Use Only





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COVER LETTER

TO:

	egistration Se ivision of Cor				
CUB IF CT		VENTURES ZEPHRYHILLS,	LLC	•	
SUBJECT	: <u></u>	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		ALINE PERRONE			2022
			Name of Person		
		AMPROP VENTRES LLC). (T
			Firm/Company		
		4201 W. CYPRESS ST.			\(\rangle\) \(\ra
			Address		()
		TAMPA, FL 33607			
		ALINE O ANDROD COM	City/State and Zip Code		
		ALINE@AMPROP.COM E-mail address: (to be used for future annual report notif	ication)	
For further	information c	oncerning this matter, please ca	-	,	
ALINE PE	RRONE		813 407-2094		
	Name o	f Person		Telephone Number	
Enclosed is	s a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
R D P	egistration S egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMPROP VENTURES ZEPHRYHILLS, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on 7/13	2022 and assigned
Florida document number L22000312314	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
AMPROP VENTURES ZEPHYRHILLS, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 C3
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here: Name of New Registered Agent:	ords, enter the name of the new register
New Registered Office Address: Enter Florid	la street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida _.

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

VIGK -	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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