## L22000373627

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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	al Holdings LLC		
SUBJECT:	Name of Lin	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zarina Salimova		
		Name of Person	
	ZAX Capital Holdings LL	C	
		Firm/Company	
ZAX Capital Holdings LLC  Firm/Company  5331 PRIMROSE LAKE CIRCLE, SUITE 245  Address  TAMPA, FL 33647  City/State and Zip Code			
	· · ·	Address	<del></del>
	TAMPA, FL 33647		
		City/State and Zip Code	<del></del>
	ZarinaSalimova@gmail.cor		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Zarina Salimova		813 601-8666 at ( )	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632	.7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAX Capital Holdings LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	. 08/24/2022
Florida document number L22000373627	and assigned
Torida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	ipany here:
Theicgflorida LLC	<del></del>
The new name must be distinguishable and contain the words "Limited Liability Compa	ny." the designation "LLC" or the abbreviation "LLC"
	and the above viation 13.5.C.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	S 23
<u> </u>	
Enter new mailing address, if applicable:	23 E
<del></del>	SER RES
Mailing address MAY BE A POST OFFICE BOX)	mn x
	m 👄
. If amending the registered agent and/or registered office address o	n our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
——————————————————————————————————————	Inter Florida street address
	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.

lf amending Authorized Person(s)	authorized to manage,	enter the title,	name, and	address of each p	person	being added
or removed from our records:						

. . .

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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Effective date, if other than (If an effective date is listed; the date Note: If the date inserted in this document's effective date on the	must be specific and s block does not r	d cannot be p <del>ri</del> or t nect the applica	o date of filing or mon	(option than 90 days after file equirements, this d	ing.) Pursuant to 605 03	207 (3) as the
he record specifies a delayed effeord is filed.	ctive date, but not	t an effective tin	nc, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the	he
June 20th		2023				
Dated		7	·			

Typed or printed name of signee

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