

h22000398426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

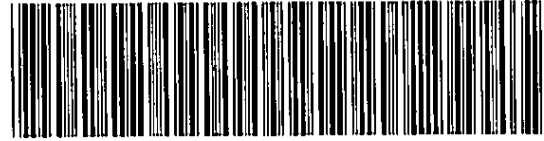
Special Instructions to Filing Officer: 02976

066 00789, 06263,

00621

Name Conflict

Office Use Only



500395927415

10/17/21--01025--007 **30.00

2023 MAR 21 PM 1:00

A. BUTLER

MAR 28 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZOE-COMMERCE L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas McElwaine

Name of Person

ZOE-COMMERCE L.L.C

Firm/Company

2709 Via Cipriani Unit 532B

Address

Clearwater, FL 33764

City/State and Zip Code

tjmcclwaine@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas McElwaine

412

8659837

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Zoe-Commerce L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAR 21 PM 1:00

The Articles of Organization for this Limited Liability Company were filed on 9/12/2023 and assigned
Florida document number L22000398426.

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)

250 glades circle

Largo, FL 33771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 glades circle

Largo, FL 33771

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

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 17th 2023

James M. McPherson

Signature of a member or authorized representative of a member

Thomas McElwaine

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2023

THOMAS MCELWAIN
2709 VIA CIPRIANI
UNIT 532B
CLEARWATER, FL 33764

SUBJECT: ZOE-COMMERCE L.L.C.
Ref. Number: L22000398426

We have received your document for ZOE-COMMERCE L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

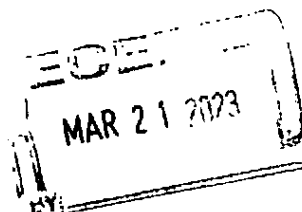
The document number of the name conflict is L13000072211.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00004317



Don't worry about name
change please process
change of address and Thomas
McElwaine as Manager & Owner
so I can open business
bank account. Thank You!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2023

THOMAS MCELWAINE
2709 VIA CIPRIANI
UNIT 532B
CLEARWATER, FL 33764

SUBJECT: ZOE-COMMERCE L.L.C.
Ref. Number: L22000398426

We have received your document for ZOE-COMMERCE L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 523A00000596

