

L22000398426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

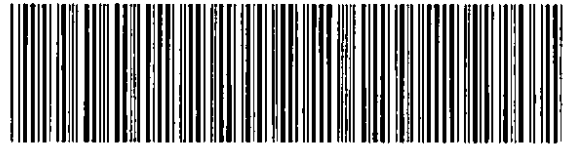
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

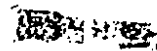
Office Use Only



800411811348

07/11/23--01018--013 **\$0.00

FILED
2023 JUL 11 PM 10:28
CLERK OF STATE
TALLAHASSEE, FL



R. HUNT

07/11/23

Thomas McElwaine

Return Address:

6466 State Route 908

Tarentum, PA 15084

412-865-9837

tjmcElwaine@gmail.com

Change Name of LLC & Address

Please call or email if unavailable

Thank you

MAILED
2023 JUN 11 PM 10:28
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zoe Commerce

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

Firm/Company

6466 state route 908

Address

Tarentum, PA 15084

City/State and Zip Code

tjmcelwaine@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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN 11 PM 10:28
RECEIVED
CLERK OF STATE
TALLAHASSEE, FL

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

Zoe-Commerce

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

The Articles of Organization for this Limited Liability Company were filed on 9/12/2022 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:

Thomas James Enterprise LLC

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:

7901 4th St N, STE 4000 St. Petersburg, FL 33702, USA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7901 4th St N, STE 4000 St. Petersburg, FL 33702, USA

(Mailing address MAY BE A POST OFFICE BOX)

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

City

, Florida

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

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
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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| | | _____ | <input type="checkbox"/> Change |

STATE OF FLORIDA
TALLAHASSEE, FL
JUL 11 PM 10:28
D

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

2023 JUN 11 PM 10:28
CLERK OF STATE
LAHASSEE, FL

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 July 6th, 2023

John M. McKim

Signature of a member or authorized representative of a member

Thomas McElwaine

Typed or printed name of signee

Filing Fee: \$25.00