

L22000522959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

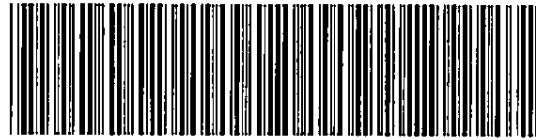
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12/13/23

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DATE: 12/13/2023

NAME: ZEBRA HOMEBUYERS, LLC

TYPE OF FILING: AMENDMENT

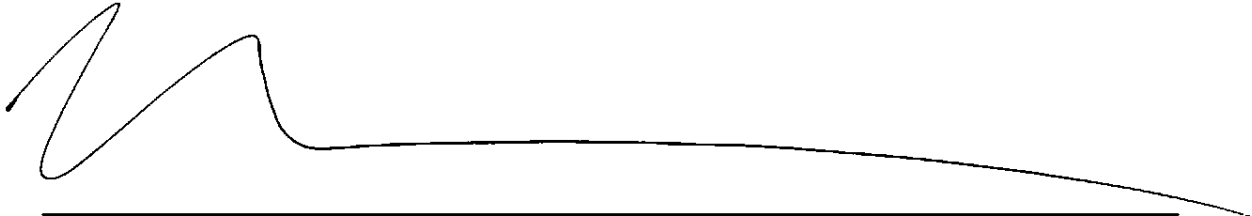
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZEBRA HOMEBUYERS, LLC

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:

Ian E. Osking, Esq.

Name of Person

Neill Griffin Marquis Osking, PLLC

Firm/Company

311 S. 2nd Street, Suite 200

Address

Fort Pierce, FL 34950

City/State and Zip Code

pattin@2happybeans.com

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

For further information concerning this matter, please call:

Ian Osking

772
at ()

464-8200

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 DEC 13 PM 12:40

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

ZEBRA HOMEBUYERS, LLC

(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 12/13/2022 and assigned
Florida document number: L22000522959.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ZEBRA LAND HUNTERS, 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:

11247 SW Sea Bluff Way

(Principal office address MUST BE A STREET ADDRESS)

Port St. Lucie, FL 34987

Enter new mailing address, if applicable:

11247 SW Sea Bluff Way

(Mailing address MAY BE A POST OFFICE BOX)

Port St. Lucie, FL 34987

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:

Patti Nelson

New Registered Office Address:

11247 SW Sea Bluff Way

Enter Florida street address

Port St. Lucie

Florida 34987

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

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>
MGR	PATTI NELSON	11247 SW Sea Bluff Way	<input type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 DEC 13 PM 1:40
DIVISION OF STATE
CORPORATION

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

2023 DEC 13 PM 12:40

UNITED STATES
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 December 10, 2023

Patrol

Signature of a member or authorized representative of a member

PATTI NELSON

Typed or printed name of signee

Filing Fee: \$25.00