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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

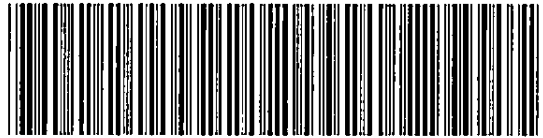
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SECRETARY OF STATE
TALLAHASSEE, FL
2024 APR 22 AM 11:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zebra Land Hunters, 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:

Kathy Nelson
Name of Person

Zebra Land Hunters, LLC
Firm/Company

2601 SE Westmoreland Blvd.
Address

Port St. Lucie, FL 34952
City/State and Zip Code

Kathy.nelson.bme@gmail.com
E-mail address: (to be used for future annual report notification)

2024 APR 22 AM 11:16
SECRETARY'S OFFICE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kathy Nelson at (732) 233-1858
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

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

Zebra Land Hunters, 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 12/13/22 and assigned Florida document number 122000522959

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)

2601 SE Westmoreland Blvd.
Port St. Lucie, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2601 SE Westmoreland Blvd.
Port St. Lucie, FL 34952

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:

Kathy Nelson

New Registered Office Address:

2601 SE Westmoreland Blvd.

Enter Florida street address

Port St. Lucie

City

Florida

34952

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.

[Signature]

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	Kathy Nelson	2601 SE Westmoreland Blvd Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Eric Nelson	2601 SE Westmoreland Blvd Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Patti Nelson	11247 SW Sea Bluff Way Port St. Lucie, FL 34987	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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2024 APR 22 AM 11:16
SECRETARY'S OFFICE
TALLAHASSEE, FL

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TALLAMOUNTAIN
STATE
20 APR 22 AM 11:16

SECRETARY OF THE
TALLAHASSEE

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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.

Dated _____, 20____.

C 100

Kathy Nelson

Typed or printed name of signee