

L22000533703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

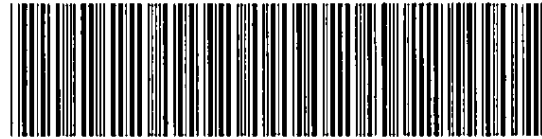
(Business Entity Name)

(Document Number)

ed Copies _____ Certificates of Status _____

at Instructions to Filing Officer:

Office Use Only



500398329235

FILED

2023 JAN -4 AM 11:23

STATE OF ARIZONA

2023 JAN -4 PM 2:43



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ZOERHOF FARRIER SERVICE LLC

Signature _____

Requested by: SETH

01/04/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZOERHOF FARRIER SERVICE 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:

CONNIE CHILDS

Name of Person

CHILDS' BOOKKEEPING & TAX SERVICE INC

Firm/Company

3092 S 25TH STREET

Address

FORT PIERCE, FL 34981

City/State and Zip Code

childsbkpg@bellsouth.net

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

For further information concerning this matter, please call:

CONNIE CHILDS

772 465-5960
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

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

FILED

2023 JAN -4 AM 11:23

ZOERHOF FERRIER SERVICE LLC

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/27/22 and assigned
Florida document number L22000533703.

This amendment is submitted to amend the following:

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

ZOERHOF FARRIER SERVICE 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

Title	Name	Address	Type of Action
-------	------	---------	----------------

☐ Add

☐ Remove

_____ ☐ Change

☐ Add

[Remove](#)

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add ☐ Edit ☐ Delete ☐ Print ☐ Export ☐ Import ☐ Refresh ☐ Cancel ☐ OK

☐ Remove

☐ Change

☐ Add ☐ Edit ☐ Delete ☐ Print ☐ Add New

☐ Remove

☐ Change

☐ Add ☐ Edit ☐ Delete ☐ Print ☐ Cancel

☐ Remove

☐ Change

[illegible]

— 12 —

2023 JAN -4 AM 11:23

77
100-100000
100-100000
100-100000
100-100000

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.

Nathanael Zoerhof

NATHANAEEL ZOERHOF

Typed or printed name of signee

Filing Fee: \$0.00 Signed via Verifyle: 63b4770bb76d8057