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(Requ	estor's Name)	<u> </u>
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(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
Z's Soft Ser			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brandon Zurn		
		Name of Person	
	Z's Soft Serve LLC		
		Firm/Company	
	672 W Peniel Rd		
		Address	
	Palatka, FL 32177		22 22 22
	<del> </del>	City/State and Zip Code	
	zum91@gmail.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
Brandon Zum		352 231-3487	
Name o	f Person		ne Telephone Number
Enclosed is a check for ti	he 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		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z's Soft Serve LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I Florida document number L23000016164	Liability Company were filed on $\frac{0}{2}$	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the		designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- <u>- N</u>
B. If amending the registered agent and/or agent and/or the new registered office addr		C.
Name of New Registered Agent:	Tiffany Zurn	
New Registered Office Address:	672 W Peniel Rd	
	Enter F.	lorida street address
	Palatka	Florida <sup>32177</sup>
	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>	Address	Type of Action
AMBR	Christopher A Shell	107 Oak Tree Ln	□Add
		Palatka, FL	■ Remove
		32177	□Change
AMBR	Tiffany A Zurn	672 W Peniel Rd	<b>=</b> Add
		Palatka, FL	□Remove
		32177	□Change
			□Remove
			, N
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		02/14/2023						
ective date, if other than the a effective date is listed, the date must	be specific and o	annot be prior	to date of filing	or more than 90	(option days after fil	ling.) Pursua	ant to 605	.0207
te: If the date inserted in this blo cument's effective date on the De	ck does not me partment of Sta	et the applicate's records.	able statutory	filing requiren	nents, this d	late will no	ot be liste	ed as
cord specifies a delayed effective s filed.	date, but not a	n effective ti	me, at 12:01 a	i.m. on the earl	lier of: (b)	The 90th	day after	r the
Feburary 14		2023						
Feburary 14			•					

Typed or printed name of signce