L23000035053

(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.
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2023

DEBORAH REYNOLDS 2703 10TH AVE W BRADENTON, FL 34205

SUBJECT: Z GROUP PROPERTIES LLC

Ref. Number: L23000035053

We have received your document for Z GROUP PROPERTIES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 623A00027144

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT: Z Grup Pro	operhes LL
Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	a submitted for tiling
	·
Please return all correspondence concerning this m	atter to the following:
Deborch	Name of Person
Z Gusup f	Propulse (C)
2703 (C	Address 3
Buidsto	n FC 34207
	City/State and Zip Code
26,000 p/0	City/State and Zip Code Port (S) (C) GMail · (UM) ess: (to be used for future annual report notification)
For further information concerning this matter, plea	,
Daborch Dansel	at (941) 999 - 7609 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:	
☐ \$25.00 Filing Fee & Certificate of Statu	S Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Street Address: Registration Section
Mailing Address:	Street Address:
Registration Section Division of Corporations	e a constant
prosion of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L23 000 3</u> .	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
		` .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7.9
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	Сиу	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> **Name** Type of Action AMBR Sean M'GN/RY 2703 1044 AVR W DAD Bradonton FL 34201 Stremove ___ _ Remove _____ □Change _____ □Remove ______ ☐Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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 12 6 7 3

Filing Fee: \$25.00

Signature of a member or authorized representative of a member