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00/18/23--01011 -021 **20.00



COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ATES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	VLADA ZELIKOVA		
		Name of Person	
		Firm/Company	
	647 NW 12TH RD		-7
		Address	, , , , , , , , , , , , , , , , , , ,
	BOCA RATON, FL 33486	6	÷
		City/State and Zip Code	
	REALVZELI@GMAIL.CO	DM (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	•	incation)
		at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	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		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & Z ESTATES LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)	1
The Articles of Organization for this Limited Liability Company	were filed on 02/14/2023	and assigned
Florida document number L23000080474		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		دى
Enter new mailing address, if applicable:		: :
Mailing address MAY BE A POST OFFICE BOX)		
		· , · o
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	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 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
MGR	ELLA BORISOVA	647 NW 12TH RD BOCA RATON FL 33486	
			□Remove
			□Change
			DAdd
			□Remove
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Effective date, if other th	date must be specific and	06/09/2023 ig:d cannot be prior to d	late of filing or more than 90	(optional) days after filing.) Pursi	uant to 605.020°
Note: If the date inscrted in	n this block does not i on the Department of !	meet the applicable	e statutory filing requiren	nents, this date will n	ot be listed as
Note: If the date inserted in locument's effective date of record specifies a delayed	on the Department of S	meet the applicable State's records.	e statutory filing requiren		
Note: If the date inserted in locument's effective date of record specifies a delayed d is filed.	on the Department of S	meet the applicable State's records.	e statutory filing requiren		
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Note: If the date inserted in locument's effective date of record specifies a delayed d is filed.	effective date, but no	meet the applicable State's records. t an effective time,	e statutory filing requirement at 12:01 a.m. on the ear	lier of: (b) The 90th	
Note: If the date inserted in locument's effective date of record specifies a delayed d is filed.	effective date, but no	meet the applicable State's records. t an effective time,	e statutory filing requiren	lier of: (b) The 90th	

Filing Fee: \$25.00