

L23000080865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

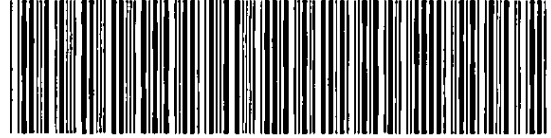
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

A OK from Sharif Alam
to add membership units
5/15/24 SB

Office Use Only



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04/29/24--01017--022 **25.00

2024 APR 29 PM 2:44
FALCON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZAYTUNA GROUP 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:

SHARIF ALAM

Name of Person

ZAYTUNA GROUP LLC

Firm/Company

535 IRONSIDE TRAIL DR

Address

GROVELAND, FL 34736

City/State and Zip Code

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

For further information concerning this matter, please call:

SHARIF ALAM

571 4356232

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**

ZAYTUNA GROUP 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 FEBRUARY 14, 2023 and assigned
Florida document number 123000080865.

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)

535 IRONSIDE TRAIL DR

GROVELAND

FL 34736

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

535 IRONSIDE TRAIL DR

GROVELAND

FL 34736

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROKSANA HOSSAIN

New Registered Office Address:

535 IRONSIDE TRAIL DR

Enter Florida street address

GROVELAND

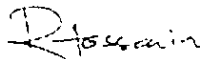
City

Florida 34736

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHARIF ALAM	535 IRONSIDE TRAIL DR	<input checked="" type="checkbox"/> Add
		GROVELAND	<input type="checkbox"/> Remove
		FL 34736	<input type="checkbox"/> Change
AMBR	ROKSANA HOSSAIN	535 IRONSIDE TRAIL DR	<input checked="" type="checkbox"/> Add
		GROVELAND	<input type="checkbox"/> Remove
		FL 34736	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The LLC is manager managed. The ownership interests of the LLC members are as below:

Member 1 - Sharif Alam - 90% Membership units

Member 2 - Roksana Hossain - 10% Membership units

2024 APR 29 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

(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 April 24, 2024

R Hossain

Signature of a member or authorized representative of a member

ROKSANA HOSSAIN

Typed or printed name of signer