## L23000090467

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03/13/23--01012--025 \*\*25.00



R. HUNT 03/13/25

## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Zinaida Gorclik		
		Name of Person	
	<del>-                                    </del>	Finn/Company	
	475 Ashwood place		
		Addiess	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	zinrut@gmail.com		
		to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Zinaida Gorelik		718 873-7054	
Name o	of Person	at () Area Code Dayt	ime 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)

٠, TO:

Registration Section

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

ZG HOME SERVICE LLC

ZG HOME SERVICE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company florida document number 123000090467	were filed on $\frac{2/20/2023}{}$	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Zinaida Gorelik LLC	<del></del>	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	475 Ashwood place	- •
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431	:3 :3 :3
		3 3
		F. 0 0 1
Inter new mailing address, if applicable:		SS PP []
Mailing address MAY BE A POST OFFICE BOX)		m <sub>N</sub> o
		FL ATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new register
New Registered Office Address:	Enter Florida street ad	
	Emer Ptorida sireet ad	uress
<del></del>	City	Florida Zip Code
iew Registered Agent's Signature, if changing Registered Agent:	<i>,</i>	Elp Coue
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I	further agree to comply with t , and I am familiar with and

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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he date of filing:	prior to date of filing or mor	(optional) e than 90 days after filing.) F requirements, this date w	Pursuant to 603 ill not be liste
	he date of filing:	he date of filing:  must be specific and cannot be prior to date of filing or more	he date of filing:

alt cot

Filing Foe: \$25.00