

# L23000119210

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

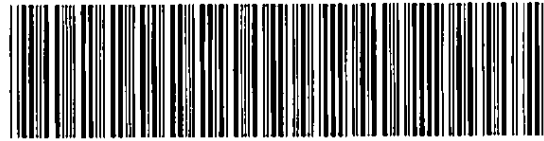
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



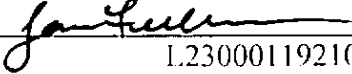
600400521716

FILED  
2023 MAR 22 PM 12:12  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2023 MAR 22 PM 1:17  
CLERK OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: Amount: \$ 30.00

Authorization Signature:   
Z Enterprise Group LLC L23000119210  
Business Document

     **Certified Copy of Articles of Incorporation**

     **Certificate of Status**

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Limited Liability  
  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**OTHER FILINGS**

     Annual Report  
  
     Fictitious Name  
  
     APOSTILLE                       
                                    **Country**

**AMMENDMENTS**

  X   Amendment  
     Resignation of R.A. Officer/Director  
  
     Change of Registered Agent or office  
     Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     Revocation of Dissolution

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
  
     Other

**EXAMINER'S INITIALS:**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Z ENTERPRISE GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachid Zraouli

\_\_\_\_\_  
Name of Person

Z Enterprise Group LLC

\_\_\_\_\_  
Firm/Company

1 SE OCEAN BLVD

\_\_\_\_\_  
Address

STUART, FL 34994

\_\_\_\_\_  
City/State and Zip Code

rzraouli@gmail.com

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

For further information concerning this matter, please call:

Rachid Zraouli

561

818-7351

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**

**FILED**

2023 MAR 22 PM 12:12

Z ENTERPRISE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/07/2023 and assigned  
Florida document number L23000119210.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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**

[illegible]

2003 MAR 22 PM 12:12  
DEPT. OF STATE  
TALLAHASSEE, FL

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2023 MAR 22 PM 12:12  
CLERK OF STATE  
TALLAHASSEE, FL

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 March 21, 2023

David E. Felt

Signature of a member or authorized representative of a member

Rachid Zraouh

Typed or printed name of signee

**Filing Fee: \$25.00**