L23000145398

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (100.000) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Bocament Hamber) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |





500411673425

07/05/23--01020--023 **30.00

2023 JUL -5 NH 9: 25

A. PARISHANI AUG 1 2 2023

COVER LETTER

| TO: Registration Division of C | | | • |
|---|--|---|---|
| SUBJECT: | 70 Ca Enteror | ises LLC | |
| SUBJECT: | Zafa Enterpr Name of Limi | ited Liability Company | 20 |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corres | spondence concerning this matter | to the following: | AH 9: |
| | ETHEL 2 | Name of Person | : 25 |
| | | | |
| | ZAFA EN | TER PRISES L | LĊ |
| | 13575 584 | Address | juite 200 |
| | CLAR WATER | City/State and Zip Code | il com |
| For further informatio | E-mail address: (to n concerning this matter, please ca | ises 11 C @ gradio be used for future annual report | notification) |
| Ether Zu | YAGELSKY e of Person | at (215) 500 Area Code Day | -9486 (personal) |
| Enclosed is a check to | r the following amount: | | 3-5606 (business) |
| □\$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 Add Registratio Division of P.O. Box 6 | n Section Corporations | Street Address Registration Division of C | Section |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUL -5 AM 9 25

Zafa Enterprises LLC

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

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

| A. | If amending name | e, enter the ne | w name of the lir | mited liability con | npany here: |
|----|------------------|-----------------|-------------------|---------------------|-------------|
| | | | | | |

| The new name must be distinguishable and contain the words "Limited Liabi | · · · · · · | | | |
|---|---------------------------|--|--|--|
| Enter new principal offices address, if applicable: | 13575 58th St. N. | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Sinte 200 | | | |
| | Clearwaler, FL 33760 | | | |
| | | | | |
| Enter new mailing address, if applicable: | LIMITED LIABILITY COMPANY | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | MAILING ADDRESS SAME AS | | | |
| | PRINCIPAL ADDRESS | | | |
| | | | | |

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:

ETHEL ZYYAGELSKY

New Registered Office Address:

B 5- Meteor Aue

Enter Florida street address

CUEARWATER Florida 333765

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.

TChanging 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> | Address | Type of Action |
|--------------|-------------------|--|---|
| Mar | Khayara, Vadim | 85. Meteor Ave Clearwater, FL 33765 | □Add |
| <u>Wor</u> | Zvyagelsky, Ethel | 13575 58th St. N. Suite 200 CLEARWATER, FL 33760 | , |
| | | | □Change □Add |
| | | | Remove 23 JU Change 5 Add - 9: 25 Remove |
| | | | □ Change □ Add |
| | | | □Remove □Change □Add |
| | | | |
| | | | □Change |

| | | | | | | - | | | <u>_</u> |
|---|---|---|-----------------------------|--------------------------------|-------------------|-----------------|------------------|--------------|-------------|
| | | | | | · | | | 20 | |
| | | · ·- | | | | | 24 | U EG | |
| | | | | | | | <u></u> | <u> </u> | · |
| | | | | | | | | ப் | |
| | | | | | | | | = | - · · · |
| | | | | | | | | 9: 2 | *- |
| *************************************** | | | | | | | | 년 | |
| - | | | | | | | u | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | <u>.</u> | |
| | | | | | | | | | |
| | | | | | | | | | |
| | - - | | | | | | | | |
| | | | | | | . | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| in effective date ote: If the dat | is listed, the date e inserted in th | the date of files must be specific is block does no ne Department o | and cannot b of meet the | e frior to dat applicable : | te of filing or n | iore than 90 da | ays after filing | .) Pursuant | |
| record specific is filed. | s a delayed effe | ective date, but | not an effec | ctive time, a | at 12:01 a.m. | on the earlic | erof:(b) Th | ne 90th dag | y after the |
| nted | uni. | le ta | - 2 | 023 | | c of a member | | | |

ESTE ES CONTACTO

đ