# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000099761 3)))



H250000997613ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

யத்துte
RATA PATA
75E

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:		

S HARY TO STORY TO ST

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERIDIAN & Z LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



## **COVER LETTER**

	Registration So Division of Cor		
SHIPTEC		N & Z LLC	
SUBJEC	.1:	Name of Lin	ined Liability Company
<b></b>			
I he enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing,
Please re	turn all correspo	ndence concerning this matter	to the following:
		VALEVA, SVETLANA	
			Name of Person
		MERIDIAN & Z LLC	
			Firm/Company
		18001 N BAY RD #101	
			Address
		SUNNY ISLE BEACH, F	L 33160
			City/State and Zip Code
		VALEVA.RWGG@GMAI	L.COM to be used for future annual report notification)
For furthe	er information co	oncerning this matter, please of	•
VALEVA	a, svetlana		754 262-3747
	Name of	Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	e following amount:	
₩\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I	Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	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

MERIDIAN & Z LLC		
(Name of the Lin	nited Liability Company as it now appears on or (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited	Liability Company were filed on 03/23/20	23 and assigned
Florida document number L23000148150		
This amendment is submitted to amend the fo	ollowing:	
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 designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	(ET ADDRESS)	
-		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	~
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	<b>*</b>
3. If amending the registered agent and/or	registered office address on our records	, enter the name of the new regist
gent and/or the new registered office addr	<u>tss here</u> :	<b>-</b>
	MALESTA DIFFERANTA	
Name of New Registered Agent:	VALEVA, SVETLANA	<u> </u>
New Registered Office Address:		<b>≥</b>
	Enter Florida stre	et address
		, Florida
	City	Zin 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.

Svetlana Valeva

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>	Name	Address	Type of Action
AMBR	VALEVA, SVETLANA	18001 N BAY RD #101	≣Add
		SUNNY ISLE BEACH, FL 33160	Remove
AMBR	ZHUKOV, ALEKSANDR	18001 N BAY RD #101	
		SUNNY ISLE BEACH, FL 33160	■Remove
			□ Change
<del> </del>			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			Remove
			Change
<del></del>		<del></del>	□Add
			□Remove

<del></del>				
			·	
<del></del>				
	·			
	—— <u>—</u>			
	<u>.                                    </u>		<u> </u>	
	·	<del></del>		
· <del></del>				
		· · · · · · · · · · · · · · · · · · ·	<del></del>	
iffective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b locument's effective date on the D	lock does not meet the applic	cable statutory filing require	(optional) O days after filing.) Pursuant to 605.0 ements, this date will not be listed	0207 d as
record specifies a delayed effective is filed.	re date, but not an effective t	ime, at 12:01 a.m. on the ea	ulier of: (b) The 90th day after	the
03/17 ated	2025	<u>_</u> .		
aicu				
alcu	Svetlana Signature of a member or auth			

Filing Fee: \$25.00