## 133000178811

(Requestor's Name)
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SUBJECT: ZA	HZILLION Name of Lim	LLC uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	O'Neil Ri	Name of Person	
	ZAZIII	Firm/Company	
	2363 JA	ruis Street Address	
	North Po	City/State and Zip Code	<u> </u>
	_	to be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please co	all:	
Kathaine Name o	Thomas f Person	at (698) 437 Area Code Daytin	10 4 8 8 me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	O \$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 Addres Registration ( Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAZILION LCC	
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
	04./11/2522
he Articles of Organization for this Limited Liability Company were	filed on OF 11 2025 and assigned
The Articles of Organization for this Limited Liability Company were Torida document number 423000178811.	,
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
	· - :
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	N'
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	ss on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
· · · · · · · · · · · · · · · · · · ·	ity Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

フィコンリン

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 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
		<del></del>	□Add
			□Remove
			Change
		<del> </del>	□Add
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			□Change

nending any other information, enter change(s) here: (Attach ada	-ZAzillion
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online retail Store.	importy was an
orline recay store.	
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0 iling requirements, this date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a.i filed.	m. on the earlier of: (b) The 90th day after
d,	
N'	
Signature of a member or authorized representation	tive of a member
<u> </u>	
$O'_{i} \cap O_{i}$	

Filing Fee: \$25.00