123000241718

(Requestor's Name)
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COVER LETTER

TO: Registra Division						
SUBJECT: <u>LZC</u>) IIC					
The second secon	2, ES V_	Name of Lim	ned Liability Company			
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all co	orrespone	dence concerning this matter	to the following:			
		Corpor	ate Maintenance Le	ad		
			Name of Person			
		Proc	essing Department			
	Firm Company					
		1	l450 Vassar St	,		
			Address	· · ·		
			Reno, NV 89502	٠:,		
			City State and Zip Code			
		E-mail address: (to be used for future annual report noti	fication)		
For further inform	ation cor	acerning this matter, please ca	ull:			
Prod	cessir	ng Department	at (800) 638-2320			
	Name of I			e Telephone Number		
Enclosed is a chec	k for the	following amount:				
☑ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrat Division P.O. Box	GADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LZO (Name of the Limited Liability Comp (A Florida Limited	, LLC sany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000241718	y were filed on <u>05/16/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17878 Monte Vista Dr	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton	
	FL, 33496	
Enter new mailing address, if applicable:	17878 Monte Vista Dr	(2) (2)
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton	
	FL, 33496	, a
		n G
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, ente	r the name of the new
The second secon	<u>c</u> .	
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

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
MGR	Gina Morselli	17878 Monte Vista Dr	□ Add
		Boca Raton	Remove
		FL, 33496	Change

			□ Remove
			Change
		7772	□ Add
			Remove
			Change
			□ <u>Ā</u> dd
			□ Remove
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			□ Remove
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ffective date, if other than the date of filing: N/A an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable s	(optional) c of filing or more than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the Department of State's records.	materially finding requirements, this date with flot be fisted
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ated 5/24 2023	
aled — 191 — 1903	

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Typed or printed name of signee

Filing Fee: \$25.00