# 123000270808

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PICK-UP WAIT MAIL
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### **COVER LETTER**

#### TO: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ZEBEDEE SUBJECT:	TRADERSL LLC - ERROR 1	N NAME	
SOBJECT.	Name of Lin	ided Liability Company	
	Amendment and fee(s) are sub		623.00.620
	JOHN P WATSON	a managa	2.0 2.0 3.0 3.0 3.0
		Name of Person	<b>_</b>
	ZEBFDEE TRADERS LL	C	
	1	Firm Company	<del></del>
	6300 NW 62ND STREET		
		Address	
	TAMARAC, FL 33319		
		City/State and Zip Code	<del> </del>
	ZEBEDFETRADERSLLC	(a/GMAIL,COM) to be used for future annual report in	natification)
For further information of	oncerning this matter, please c	•	
JOHN P WATSON		954 588-8142 ar ()	
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he 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	Street Address: Registration 9	Section
Division of Corporations		Division of C	orporations.

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

2023
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<u>&gt;</u>
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ZEBEDEE TRADERSL LLC

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

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		<del>-</del>
The Articles of Organization for this Limited Liability Con-		and assigned
Florida document number L23000270808		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
ZEBEDEE TRADERS LLC		
he 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 ADDRES	S.S)	
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records. <u>c</u>	enter the name of the new regist
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	address
		, Florida Zip Code
	Circ	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 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
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the ament's effective date on the Department of State's r	be prior to date of filing or more the applicable statutory filing req	an 90 days after filing	g.) Pursuant to 605.0207
oord specifies a delayed effective date, but not an effe filed.	ctive time, at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
by the state of th	JDA or authorized representative of a r		

Typed or printed name of signee