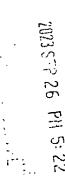
# 

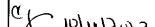
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manucions to 1 ming officer.





05,25,25--01010--023 \*+25.00





## **COVER LETTER**

O: Registration Section Division of Corporations
JBJECT: ZIPBUY HOME LOANS IN Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Name of Person  Ziphou Home Leans, LC  Firm/Company  150 S. PINC JAM ROSTE 300  Address  City/State and Zip Code  When Lean DZiphou Louis  E-mail addresse to be used for future annual report notification)
or further information concerning this matter, please call:
JIGUIMPS Sant Tenn at (954) 8223416  Nam of Person Daytine Telephone Number
nclosed is a check for the following amount:
Z \$25.00 Filing Fee \$\Bigcup \text{\$\subset}\$\$ \$30.00 Filing Fee & \$\Bigcup \text{\$\subset}\$\$ \$55.00 Filing Fee & \$\Bigcup \text{\$\subset}\$\$ \$55.00 Filing Fee & \$\Bigcup \text{\$\subset}\$\$ \$\$ \$60.00 Filing Fee. \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
Mailing Address: Street Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2023 SE 26 Fil 5: 22 ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida \_

### 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.

City

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
MBR	De BAPTSITE, MICHEL	SOUN PINCLESON Rd SIE PLANTATION F 33324	_ □Add
		STE PLANTATION F 133324	_ DRemove
			_ Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ Change
			_ □Add
			□Remove
			_ Change
			_ □Add
			_ □Remove
			_ □Change

•	
Note:	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is f	iled.
	9/1// 4973
Dated	
	Signature of a member or authorized representative of a member
	William OC Sunt TOW
	$1\lambda / J / U / U / U / U / U / U / U / U / U$

Filing Fee: \$25.00