

L23000328673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

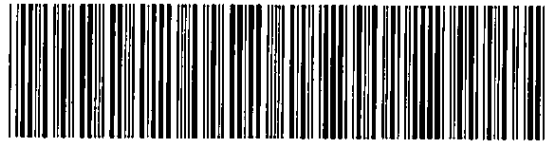
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

R. HUNT

06/24/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZAP TECH SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Ricardo Ferreira de Souza

Name of Person

ZAP TECH SOLUTIONS LLC

Firm/Company

5136 PARK CENTRAL DR, APT 221

Address

ORLANDO, FL 32839

City/State and Zip Code

arfs.antonio@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Ricardo Ferreira de Souza

407 222-8463
at ()

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ZAP TECH SOLUTIONS LLC

The Articles of Organization for this Limited Liability Company were filed on 07/11/2023 and assigned Florida document number 123000328673.

THROW LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

118

Zip Code

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------------|---|---|
| AMBR | Mariana de Andrade Rosa de Souza | 5136 Park Central Dr. Apt 221 - Orlando, FL - 32839 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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CLERK OF STATE
TAMMOCSE, FL

10:10:11

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SSW 1000

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 17, 2024

[Signature]
Signature of a member or author

Antonio Ricardo Ferreira de Souza

Typed or printed name of signee

Filing Fee: \$25.00