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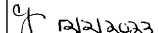
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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11/17/23--01010--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporation		
SUBJECT: To A	Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Michael Zucker Name of Person	
	26 7003 Firm/Company	
	13141 SW 33 CI	
	Davie 71. 33330 City/State and Zip Code	
-	City/State and Zip Code Michael A Zucker & Bell South, Net E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
Milliage Name of Pe	Zucker at (954) 646-8460 Area Code Daytime Telephone Number	_
Enclosed is a check for the f	following amount:	
≸ \$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee &	tatus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6000

	ZG7003 LLC	2023 1107 17 7.1111: 04
(Name of the Limited I	inbility Company as it now apper lorida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liabi		8/25/23 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company l	here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered office address h	stered office address on our ere:	records, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	Florida street address
-	Cir	, 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 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

Title	<u>Name</u>	Address	Type of Action
MBR	Judy Gottesfeld	52 Woobly Road	☑Add
		Bulton MA 01740	□Remove
			(] Change
			□ Add
			□ Remove
		***************************************	□Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: [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 [one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records. [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 dis filed. [Addae]	·	
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