L23000443748

(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:





500428383625

04/23/24--01041--010 **25.00

COVER LETTER

TO: Registration Sec Division of Corp					
ZAMBRANO PARTNERSHIP LLC					
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ALDO ZAMBRANO				
		Name of Person			
Firm/Company					
	297 SW 33RD STREET				
		Address			
	FC	DRT LAUDERDALE, FL 33312	: 		
	City/State and Zip Code				
		aldozambrano58@gmail.com to be used for future annual report r	notification)		
For further information co	oncerning this matter, please ca	all:			
ALDO ZAMBRANO		954 483-880			
Name of	Person	Area Code Day	time Telephone Number		
Enclosed is a check for th	c following amount:				
Xi \$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			
Division of Corporations		Division of C	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAMBRAN	O PARTNERSHIP LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L.23000443748</u> .	npany were filed on	09/25/2023	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :	
N/A			
he new name must be distinguishable and contain the words "Limited	l Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRES	<u> </u>		
inter new mailing address, if applicable:	N/A		
· · · · · · · · · · · · · · · · · · ·			
Mailing address MAY BE A POST OFFICE BOX)			,
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	ffice address on our re	ecords, <u>enter the na</u>	nme of the new regist
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Flor	ida street address	
<u></u>		, Florida	
	Ciţy		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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANDY K. ZAMBRANO	4924 SW 30TH TERRACE	= Add
		FORT LAUDERDALE, FL 33312	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			☐Change

Typed or printed name of signee