

L23000449427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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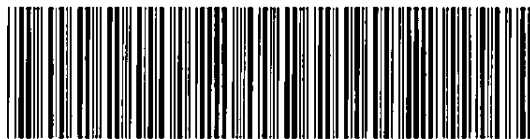
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MA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zixosoft 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:

Monika Ortiz

Name of Person

Zixosoft LLC

Firm/Company

1223 Tadsworth ter

Address

Lake Mary, FL 32746

City/State and Zip Code

zixosoftllc@gmail.com

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

For further information concerning this matter, please call:

Monika Ortiz

321

240 9381

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

Zixosoft LLC

Page 1 of 3

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

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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 04/08 2024

Signature of a member or authorized representative of a member

Monika Ortiz

Typed or printed name of signee