L24000023380

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COVER LETTER

Tallahassee, FL 32314

	Registration Sec Division of Corp						
SUBJEC	ZEGA INVI						
SUBJEC		Name of Lim	ted Liability Company	· -			
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspor	ndence concerning this matter	to the following:				
		ROBERT M. KESTEN, ES	SQ				
		-	Name of Person				
		COHEN NORRIS WOLM	ER RAY TELEPMAN BERKO	WITZ & COHEN			
		Firm√Company					
			Address				
		NORTH PALM BEACH,	FL 33408				
			City/State and Zip Code				
		RMK@COHENNORRIS.C					
		E-mail address: (to be used for future annual report n	otification)			
For furthe	er information co	oncerning this matter, please c	all:				
Robert M	1. Kesten, Esq.		561 844-3600 at ()				
	Name of	Person		time Telephone Number			
Enclosed	is a check for th	e following amount:					
■ \$ 25.0	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 Addres Registration S		Street Address: Registration				
	Division of C	orporations	Division of C	Corporations			
	P.O. Box 632	7	The Centre o	f Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEGA INVESTMENTS, LLC				
(Name of the Limited I.	liability Company as it now appears on our records.)			
(A F	lity Company were filed on 1/10/2024 AH 1: 49 and assigned			
Florida document number L24000023380	lity Company were filed on TALLAHASSEE. FL			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	e;			
(Principal office address MUST BE A STREET A	(IDDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	· · · · · · · · · · · · · · · · · · ·			
THRIBING BRIDESS MAY DE ATOST OFFICE BO.	<u> </u>			
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the name of the new registered</u> lere:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
_	, Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Regi	istered Agent:			
provisions of all statutes relative to the proper accept the obligations of my position as register	igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is existered office address, I hereby confirm that the limited liability ange.			

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

Title	Name	Address	Type of Action
MGR	BROKAW, MICHAEL	17480 Orchard Ave.	□Add
		Omaha, NE 68135	
			☐ Change
	 		□Add
			Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-	Remove
			Change

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Effective d	ate, if other tha	the date of fili	na:		(opti	onel)	
(If an effective Note: If the	date is listed, the da	e must be specific and block does no	ind cannot be prior t meet the applic	to date of filing or able statutory fil	more than 90 days after	filing.) Pursuant to 605.0 s date will not be listed	
the record spectord is filed.	cifies a delayed ef	fective date, but n	ot an effective t	ime, at 12:01 a.m	on the earlier of: (b) The 90th day after t	he
Dated Septe	ember 16		2024				
-	of Testate	Signature of	a member or auth	orized representati	ve of a member		
		orginature of	a memori or nadi	saized representati	TO DE INCHIOCI		
,	OHN PESTRICE	ELLI					

Filing Fee: \$25.00