## L 24000077312

(Requestor's Name)
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## **COVER LETTER**

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Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	ZENTECH	HOME SERVICES LLC		
SOBJEC				
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		CHARLES ANDREW CO	X	
			Name of Person	
			Firm/Company	
		3169 CALVANO DR		
			Address	
		LAND O LAKES / FL 346	39	
			City/State and Zip Code	
		CHARLESCOX0522@GM		
		E-mail address: (	o be used for future annual repo	rt notification)
For furth	er information c	oncerning this matter, please ca	ıll:	
CHARLI	ES A COX		813 838-32 at ( )	68
	Name o	f Person		Paytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	
	Registration S		Registratio	
	Division of C			f Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZENTECH HOME SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/12/2024 and assigned Florida document number L24000077312 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHARLES A. COX & ASSOCIATES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ٤. Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
			□Add
. :			□Remove
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Z. M amending any built illibi	rmation, enter change(s) here: (Attach additional sheets. if neo	source z ej
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Note: If the date inserted in th	the date of filing:	<b>tional)</b> er filing.) Pursuant to 605.0207 (3)( his date will not be listed as the
the record specifies a delayed effectord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
Dated 02/23	, 2024	
	12.1.000	
	Signature of a member or authorized representative of a member	
	CHARLES A. COX	
	Typed or printed name of signee	<u></u>

. . .

Filing Fee: \$25.00