## 124000150137

Office Use Only



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10/09/24--01018--019 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor					
JZB CAPIT	AL LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ZORICA BERDEJO				
Name of Person					
	JZB CAPITAL LLC				
Firm/Company					
	66 W FLAGLER STREET 9TH FLOOR SUITE 10278				
		Address			
	MIAMI/FL 33130				
		City/State and Zip Code			
	jovanos1@gmail.com	to be used for future annual report no	stification)		
For further information of	oncerning this matter, please c		initiation)		
ZORICA BERDEJO		248 2758353			
Name of Person		Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he 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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JZB CAPITAL LLC		
(Name of the Limi	ted Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
<del>-</del>	iability Company were filed on 03/28/2024	and assigned
orida document number L24000150137	<del></del> •	
nis amendment is submitted to amend the following	lowing:	
If amending name, enter the new name of	of the limited liability company here:	
		202
e new name must be distinguishable and contain the	words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STREI	ET ADDRESS)	9 .
		, O =
nter new mailing address, if applicable:		- 39
Aailing address MAY BE A POST OFFICE	BOX)	
	<del></del>	
If amending the registered agent and/or ent and/or the new registered office addre	registered office address on our records, <u>en</u> ess here:	ter the name of the new regis
Name of New Registered Agent:	ZORICA BERDEJO	
New Registered Office Address:		
	Enter Florida street ad	dress
		. 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 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>	Name	<u>Address</u>	Type of Action
MGR	ZORICA JOVANOSKA	66 W FLAGLER STREET 9TH FLOOR	□Add
		MIAMI, FL 33130	■Remove
			□ Change
MGR	ZORICA BERDEJO	66 W FLAGLER STREET 9TH FLOOR	<b>=</b> Add
		MIAMI, FL 33130	□Remove
			☐ Change
			🗆 Add
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			□Remove
			Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. OCTOBER 3RD 2024 or authorized representative of a member **ZORICA BERDEJO** Typed or printed name of signee

. . . .

Filing Fee: \$25.00