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	(Requestor's Name)	
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	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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	(Document Number)	
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Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				•
ZNS Const	alting LLC			
SUBJECT:	Name of Lire	nited 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:		
	Orlaidys Sanchez			
		Name of Person		_
	·	Firm/Company		_
	17595 S Tamiami Trail Sc	iite 124		
		Address		
	Fort Myers, FL 33908			
		City/State and Zip Code		
	agency@greatoaksins.com			
For further information c	oncerning this matter, please c	to be used for future annual repail:	ээгс поинсацон)	
Orlaidys Sanchez		239 410-2		•
Name o	f Person	Area Code	Daytime Telephone Numb	er
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)	ed) Certifie	Filing Fee, cate of Status & cd Copy (al copy is enclosed)
Mailing Address		Street Add		
Registration 9 Division of C		_	on Section of Corporations	
P.O. Box 632		The Centi	re of Tallahassee	
Tallahassee, 1	FL 32314	2415 N. N	Monroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZNS Consulting LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 04/03/2024 and assigned
Florida document number L24000160048	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
	شہ
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
:	Ger
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	, Florida
:	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is
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

Title	<u>Name</u>	Address	Type of Action
MGR	Magdiel Sanchez	17595 S Tamiami Trail Suite 124	<b>≣</b> Add
		Fort Myers FL 33908	□Remove
			□Change
	-	<del></del>	□ Add
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			□ Add
:			□Remove
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	Ifan	ending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)
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i	E CC.	itive date, if other than the date of filing: (option	and)
	If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	ling.) Pursuant to 605.02
		If the date inserted in this block does not meet the applicable statutory filing requirements, this onent's effective date on the Department of State's records.	date will not be listed
		•	
į	ie rece	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
(	ord is	īled.	
i			
i	Date		
-		1/2-18	
1		Signature of a member or authorized representative of a member	
		Orlaidye Symphay	
;		Orlaidys Sanchez	

Filing Fee: \$25.00