

L24000236763

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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800437479578

10/07/24--01015--009 **25.00



COVER LETTER

	ration Sect n of Corp			
EN SUBJECT:	ZO'S HA	JLING SERVICES LLC		
		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspone	dence concerning this matter	to the following:	
		GEOSVANY RIVERA BI	.ANCO	
			Name of Person	
		MGR		
			Firm/Company	
		2917 WINDERMERE OA	KS LN, APT 104	
			Address	
		RIVERVIEW, FL 33578		
			City/State and Zip Code	1.0
		ENZOSHAULING@GMA	IL.COM to be used for future annual report notifi	cotion
For further infor	mation cor	ncerning this matter, please co	•	Carring
GEOSVANY R	IVERA BI	.ANCO	813 753-5143	
	Name of I	'erson	at () Area Code Daytime	Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Articles of Organization for this Limited Liability Company	were filed on FLORIDA		_ and assigned	
rida document number 1.24000236763				
s amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lial	bility company here:			
"	. ,			
new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	r the abbre	viation "L.L.C,"	
ter new principal offices address, if applicable:	2917 WINDERMERE OAKS LN			
incipal office address MUST BE A STREET ADDRESS)	APT 104	: :4:	1 1	
	RIVERVIEW, FL 33578	-	(
		3	1	
ter new mailing address, if applicable:	2917 WINDERMERE OAKS LN		. !	
Aailing address MAY BE A POST OFFICE BOX)	APT 104			
	RIVERVIEW, FL 33578	-		
			F.C.	

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

RIVERVIEW

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida 33578 Zip Code 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	GEOSVANY RIVERA BLANCO	2917 WINDERMERE OAKS LN	⊟ Add
		APT 104	☐ Remove
		RIVERVIEW. FL 33578	☐ Change
AMBR	YOVANY RIVERA MEDINA	1212 S TAYLOR RD	Add
		SEFFNER, FL 33584	■ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

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Effective d	late, if other than the	date of filing:	:		(option:	ıl)
(If an effective Note: If the	e date is listed, the date must e date inserted in this blo s effective date on the De	the specific and cock does not me	rannot be prior to ret the applicab	date of filing or more	than 90 days after tili	ng.) Pursuant to 605.0207
	specifies a delayed th day after the reco		ate, but not a	an effective tim	ne, at 12:01 a.m	ı. on the earlier of
Dated 10/0	03/2024		10:53AM			
	-/2	/				

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Typed or printed name of signee

Filing Fee: \$25.00