

L24000250907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

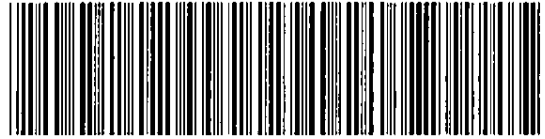
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZEUS V&S SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZUNIGA ARRIETA SANTA SAILING

Name of Person

ZEUS V&S SERVICES LLC

Firm/Company

6151 W 24 AVE APT 113

Address

HALEAH, FL 33016

City/State and Zip Code

santazuniga94@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZUNIGA ARRIETA SANTA SAILING

732

799-2011

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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Attn:

Florida Department of State

From:

ZUNIGA ARRIETA SANTA SAILING

Company: ZEUS V&S SERVICES LLC

Phone #: 732-799-2011

Email: santazuniga94@gmail.com

Address: 6151 W 24 AVE Apt 113 HIALEAH, FL 33016

I am writing to request the correction of the following LLC application due to an error.
The company in question is "ZEUS V&S SERVICES LLC"

Document Number L24000250907

For Some reason it reflects my title as AP, rather than MGR. Also, at the end of my name it reflects SR. I am not a sir.

If my email can please be updated to - santazuniga94@gmail.com

Can you please correct these errors for me?

The bank is telling me these things need to be corrected to open an account.

Thank you!

Best Regards,

ZUNIGA ARRIETA SANTA SAILING

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZEUS V&S 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 06/03/2024 and assigned
Florida document number L24000250907.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

6151 W 24 AVE

APT 113

HIALEAH, FL 33016

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:

Name of New Registered Agent:

ZUNIGA ARRIETA SANTA SAILING

New Registered Office Address:

6151 W 24 AVE APT 113

Enter Florida street address

Hialeah

City

Florida

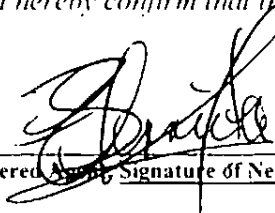
33016

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



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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ZUNIGA ARRIETA SANTA SAILING		☐ Add
			☐ Remove
			☒ Change
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			☐ Remove
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			☐ Remove
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			☐ Remove
			☐ Change

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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name it reflects SR. I am not a sir.

If my email can please be updated to - santazuniga94@gmail.com

Thank you!

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.

Dated 10/24/2024

Signature of a member or authorized representative of a member

ZUNIGA ARRIETA SANTA SAILING

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE FL