L24000251977

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
ZIPPED LE SUBJECT:	PZ LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	RINAY ZAHORIAN		
		Name of Person	····
	TAX & FINANCIAL STR	ATEGISTS, LLC	
	_	Firm/Company	
	28089 VANDERBILT DR	IVE SUITE 201	
		Address	
	BONITA SPRINGS, FL. 3	34134	
		City/State and Zip Code	
	RINAY@WONDERTAX.C	COM to be used for future annual report notil	ication)
For further information co	oncerning this matter, please ca	-	,
RINAY ZAHORIAN	•	239 405-8395	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	se 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

2824 KUG 12 PH 12: 57

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZIPPED LIPZ LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
	npany were filed on	and assigned
Florida document number 1.24000251977		
(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 O6/03/2024 are Florida document number 1.24000251977 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 of the 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LEC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
	· _	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	ffice address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	City	da 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 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
AMBR	ROGERS, JESSICA LYNNE	2041 EVERGLADES BLVD. S.	■Add
		NAPLES, FL. 33917	
			□Change
			🗆 🗆 🗆 Add
			□Remove
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			Remove Change Change
			□ □ Remove

E. Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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: (h) The 90th day after trecord is filed. Dated AUGUST 7TH 2024 Signature of a member or authorized representative of a member IESSICA LYNNE ROGERS Typed or printed name of signee	D. If amending any other inform			·	· 	
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Typed or printed name of signee 77.51	U JESSICA LYNNE RO		Ú		SCAT	
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Filing Fee: \$25.00