

L24000261255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

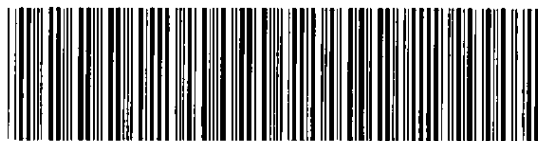
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000435257240

08/26/24--01020--016 **35.00

9/11/24
KH

2024 SEP 10 AM 9:15
FILED
TOLSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zorbas Orlando LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Shahzad Dhanani
Name of Person

Zorbas Orlando LLC
Firm/Company

6205 Miramonte Dr #106
Address

Orlando, FL 32835
City/State and Zip Code

zorbasorlando@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Shahzad Dhanani at (407) 947.6426
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

FILED
SEP 10 2016

2016 SEP 10 AM 9:16

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Zorbas Orlando 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 06/7/2024 and assigned
Florida document number 24000261255

This amendment is submitted to amend the following:

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

N/A

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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 N/A

New Registered Office Address: _____

Enter Florida street address

City

Florida

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

2024 SEP 10 AM 9:16
SEP 10 2024

If amending Authorized Persons) 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	Bougloris, Ioannis	5116 Mystic Point Ct	Add
-----	--------------------	----------------------	-----

		Orlando, FL 32812	Remove
--	--	-------------------	--------

			Change
--	--	--	--------

			Add
--	--	--	-----

			Remove
--	--	--	--------

			Change
--	--	--	--------

			Add
--	--	--	-----

			Remove
--	--	--	--------

			Change
--	--	--	--------

			Add
--	--	--	-----

			Remove
--	--	--	--------

			Change
--	--	--	--------

			Add
--	--	--	-----

			Remove
--	--	--	--------

			Change
--	--	--	--------

			Add
--	--	--	-----

			Remove
--	--	--	--------

			Change
--	--	--	--------

2024 SEP 10 12:09:15
 S
 Change
 Add
 Remove
 Change

including any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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.

Indexed

Signature of a member or authorized representative of a member

Shahzad Khanani

Typed or printed name of signer

100

2024 SEP 10 11:5:16