

7/30/2024 6:33 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**L24000277552**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000257304 3)))



H240002573043ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 JUL 31 AM 9:16

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE2024 JUL 31 AM 3:42
TALLAHASSEE, FLORIDA
FILEDLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZENITH LODGINGS MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

AUG - 1 2024

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ZENITH LODGINGS MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 JUL 31 AM 3:43
SEALING UNIT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/19/2024 and assigned Florida document number L24000277552.

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**)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

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	SARAH A RODRIGUEZ	1561 ARDENWOOD LN	<input type="checkbox"/> Add
		DELTONA, FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 31 4 31 PM '24
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

FAX AUDIT # H24000257304 3

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

ALLAHAMSEET, FLORIDA
JUL 3 1964

FILED

F. 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 JULY 30, 2024

Signature of a member or authorized representative of a member

ALAN S. GASSMAN, ESQ. AUTH. REP.

Typed or printed name of signer

FAX AUDIT # H24000257304 3

Filing Fee: \$25.00