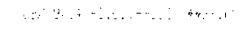
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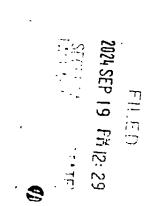
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COVER LETTER

Sent via Fed Ex 09/18/24

Division of Corporations					
Zaktruary, SUBJECT:	LLC		, , , , , , , , , , , , , , , , , , ,		
SUBJECT:	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	_			
rease rotal an extress,	Denise N. Murphy	to the following.			
Name of Person					
	Murphy Law				
Name of Person					
	531 Main Street, Suite F				
		Address			
	Safety Harbor, FL 34695				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
Denise N Murphy		727 725-8101			
Name of Person		at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &		

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zaktruary, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 08/08/2024	and assigned
lorida document number L24000401284		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
Zaktuary, LLC		
he 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 ADDRES	<u></u>	
	- .·	
Inter new mailing address, if applicable:		146 P
Mailing address MAY BE A POST OFFICE BOX)		SER T
		5 =
		· •
3. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new register
gent and/or the new registered office address here:); 29
		77 0
Name of New Registered Agent:		9
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
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		 	🗂 Add
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ective date	, if other than	the date of f	filine:	R/2024			(optional))	
i <mark>e:</mark> If the da	e is listed, the date te inserted in th	s block does i	not meet the	applicable s	e of filing or m tatutory filin	tore than 90 da ig requireme	iys after filing nts. this date	;) Pursuant to 6 : will not be li	05.0207 sted as
ument's eff	ective date on th	e Department	of State's re	cords.					
eard specifi	es a delayed effe	erive date, bu	t not an effec	ctive time at	12:01 a m	on the earlie	rofith) T	he 90th day af	ter the
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Septemb	ur 18		2024						
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	Deni	se h	Mu	uply	., as	auth	Dr. 31	a li	jal
		Signature	of a member of	or anthorized	representative	of a member	Willy	wer b	D(
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Filing Fee: \$25.00