

**LA 24000491476**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ZION ELITE RECOVERY SOLUTIONS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$55.00 |

T. LEMIEUX

DEC - 3 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ziop Elite Recovery Solutions 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:

Mike Town

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

9900 Spectrum Dr

\_\_\_\_\_  
Address

Austin, TX 78717

\_\_\_\_\_  
City/State and Zip Code

sherrie\_riddick@comcast.net

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

For further information concerning this matter, please call:

Mike Town

800

773-0888

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zion Elite Recovery Solutions 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 10/16/2024 and assigned Florida document number L24000441476.

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:

2653 Bruce B Downs Blvd., Ste. 108A-1069

(Principal office address MUST BE A STREET ADDRESS)

Wesley Chapel, FL 33544

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:

Sherrie Riddick

New Registered Office Address:

2653 Bruce B Downs Blvd., Ste. 108A-1069

*Enter Florida street address*

Wesley Chapel

Florida 33544

*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.*

/S/ Sherrie Riddick

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

| Title | Name            | Address   | Type of Action                             |
|-------|-----------------|---|--|
| AMBR  | Sherrie Riddick |   | <input type="checkbox"/> Add               |
|       |                 |   | <input type="checkbox"/> Remove            |
|       |                 | 2653 Bruce B Downs Blvd., Ste. 108A-1069<br>Wesley Chapel, FL 33544 | <input checked="" type="checkbox"/> Change |
|       |                 |   | <input type="checkbox"/> Add               |
|       |                 |   | <input type="checkbox"/> Remove            |
|       |                 |   | <input type="checkbox"/> Change            |
|       |                 |   | <input type="checkbox"/> Add               |
|       |                 |   | <input type="checkbox"/> Remove            |
|       |                 |   | <input type="checkbox"/> Change            |
|       |                 |   | <input type="checkbox"/> Add               |
|       |                 |   | <input type="checkbox"/> Remove            |
|       |                 |   | <input type="checkbox"/> Change            |
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|       |                 |   | <input type="checkbox"/> Change            |

