

(Requestor's Name)	
(Address)	
(Address)	
(0) (0) (7) (0)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	10/08/2024	- w: DW
		Acc#I20160000072	4: () = W
Name:	ZBS Trinity	Oaks, LLC	
Document #:			
Order #:	15905852		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notification
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 55.00	

Thank you!

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear.	s on the records of the	Florida Departmen	t of
State: ZBS Trinity Oaks, LLC			
Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		2024 OCT
2. The Florida document number of this limited lia	ability company is:M	21000005421	-8
3. Jurisdiction of its organization: Delaware			;; ;;
4. Date authorized to do business in Florida: _05/	05/2021	_	<u>a</u> = =
SECTION II (5-9 complete only the applicable	changes)		
	N/A t contain "Limited Liab	oility Company, ""	·L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naging members adopti	nsacting business in ing the alternate na	Florida and attach a me. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office as	ed officer address on or ddress here:	ur records, <u>enter th</u> e	e name of the new
Name of New Registered Agent: N/A			
New Registered Office Address: N/A	<u></u>	171 11 5	
	E.nic	er Florida Street A	
	City	, Flori	ida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in to and complete perform tered agent as providea in the registered office	his capacity. I furth ance of my duties, o I for in Chapter 60.	her agree to comply with and I am familiar with 5, F.S. Or, if this
- If C	Changing Registered Ag	gent, Signature of N	vew Registered Agent

8. If the amend N/A	ment changes person, title or capa	acity in accordance with 605.0902 (1)(c), indicate the	at change:
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Steven Sung	800 Westchester Avenue, Ste S504	□Add
		Rye Brook, NY 10573	⊠Remove
Manager	Matthew Sussman	800 Westchester Avenue, Ste S504	
		Rye Brook, NY 10573	□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Add
aforementio	ned amendment(s), duly authent under the law of which this end	than 90 days old, evidencing the cated by the official having custody of records in the progenities at the categories of the authorized representative	□Remove

Filing Fee: \$25.00