

L21000226206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

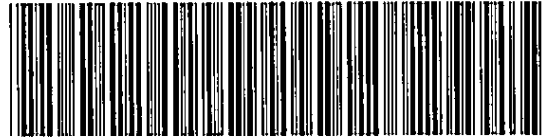
(Business Entity Name)

(Document Number)

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10/19/21--02:14:01P \*\*30.00

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ZINGAAT 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 05/14/2021 and assigned Florida document number L21000226206.

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:

1002 SILCOX BRANCH CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

OVIEDO, FL 32765

Enter new mailing address, if applicable:

1002 SILCOX BRANCH CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

OVIEDO, FL 32765

**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:

ACCOUNTAX SERVICES

New Registered Office Address:

2323 TOPAZ ISLE LANE

*Enter Florida street address*

APOPKA

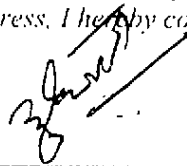
Florida 32712

*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>                   |
|--------------|--------------|---------------------------|---|
| AMBR         | VISHAL PATIL | 1002 SILCOX BRANCH CIRCLE | <input checked="" type="checkbox"/> Add |
|              |              | OVIEDO, FL 32765          | <input type="checkbox"/> Remove         |
|              |              |                           | <input type="checkbox"/> Change         |
| AMBR         | SAGAR SOLAT  | 8 WYNDMOOR WAY            | <input checked="" type="checkbox"/> Add |
|              |              | EDISON, NJ 08820          | <input type="checkbox"/> Remove         |
|              |              |                           | <input type="checkbox"/> Change         |
| AMBR         | KILWAR LLC   | 1002 PENNY LANE           | <input checked="" type="checkbox"/> Add |
|              |              | SCOTCH PLAINS, NJ 07076   | <input type="checkbox"/> Remove         |
|              |              |                           | <input type="checkbox"/> Change         |
| AMBR         | YEDA LLC     | 2517 PEEKSKILL ROAD       | <input checked="" type="checkbox"/> Add |
|              |              | VALRICO, FL 33594         | <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         |

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

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E. 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 JUNE 09 \_\_\_\_\_ 2021 \_\_\_\_\_

Bharatesh Patel  
Signature of a member or authorized representative of a member

BHARATESH PATEL  
\_\_\_\_\_  
Typed or printed name of signee