L22000084382

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

Office Use Only



000383278130



Hair And

MAR 15 2022 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE 3/14/2022	
	**WALK IN*
ENTITY NAME ZION	CAPITAL INVESTMENTS LLC
DOCUMENT NUMBI	ER
	PLEASE FILE THE ATTACHED AND RETURN
xxxxx	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	VATION
NUMBER OF CERTIFIC	CATES REQUESTED
FOTAL OWED \$ 25.0	00 ACCOUNT # 120160000072

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ol	F			
				. E	EILED OF
ZION CAPITAL INVESTMENTS					يننه ع
(Name of the Limi	ted Liability Compan (A Florida Limited L	iv as it now appears of iability Company)	our records.)		50
	•••••	, , ,,		77.77	m =
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{02/28}{}$	i/2022 	and assigned.	2 O
Florida document number L22000084382				٥٠٠٠	\$ 6
This amendment is submitted to amend the following	lowing:				2
A. If amending name, enter the new name of	f the limited liabi	lity company here:	.		
,					
The new name must be distinguishable and contain the	vords "Limited Liabili	ty Company " the design	nation "LLC" or the ab	sbreviation "L. L. C."	_
The new haire may be training about and commit the		., camp,s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Enter new principal offices address, if appli-	cable:				_
(Principal office address MUST BE A STREE	ET ADDRESS)				·
		-			
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	BOX)				
					
B. If amending the registered agent and			ur records, <u>enter</u>	the name of the	new
registered agent and/or the new registered o	ffice address here	:			
Name of New Registered Agent:	Jerome Lewis				
	56331 73131 C	1014			
New Registered Office Address:	55 W. Church S		street address		
		Emer r iorida	street adaress		
	Orlando		, Florida _ ³²⁸	801	
		Ciņ:	_	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.

M Changing Registered Agent, Signature of New Registered Agen

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
AMBR	BENTISON YUSHKEVICH ROGACHEVSKY	55 W. Church St., Apt. 1914	
		Orlando, FL 32801	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

Dated March 10	2022	
<u>Necome</u>	Les cités	
	Signature of a member or authorized representative of a member	
Jerome Lewis, Member	r	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00