

To: 2/18/25, 11:10 AM

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2025-02-18 16:26:01 GMT

14079260471

From: Proelsi Tax LLC

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L25000035229

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000061480 3)))



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To:

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

From:

Account Name : PROELSITAX
Account Number : T20230000184
Phone : (407)201-2375
Fax Number : (407)201-2375

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
BATTERY ZONE W RM LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2025 FEB 18 PM 12:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2025 FEB 18 PM 2:00
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

FEB 19 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BATTERY ZONEW RM 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:

RENZO ALEXANDER ROJAS ZERPA

Name of Person

BATTERY ZONEW RM LLC

Firm/Company

1926 HONOUR RDAPT 4

Address

ORLANDO, FL 32839

City/State and Zip Code

rensorojas1@gmail.com

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

For further information concerning this matter, please call:

RENZO ALEXANDER ROJAS ZERPA

at (772) 200-7288

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 Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2025 FEB 18 PM 5:00
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

BATTERY ZONEW RM 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 01/18/2025 and assigned
Florida document number L25000035229.

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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	Andres David Diaz Velazco	2901 BOAT DOCK RD	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<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"/> Remove
			<input type="checkbox"/> Change

FILED
2025 FEB 18 PM 3:00
COUNTY CLERK'S OFFICE
KISSIMMEE, FL

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

FILED
2025 FEB 18 PM 5:00
FALLAS COUNTY CLERK
FALLAS, TEXAS

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), filing requirements: this date will not be listed as the

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 FEBRUARY 18, 2025

Signature of a member or authorized representative of a member

RENZO ALEXANDER ROJAS ZERPA

Typed or printed name of signee