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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Zephir Interr	national LLC		
31/13/12(.7)		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
		dence concerning this matter t		
		Mr. Jeffrey R. Zephir		
			Name of Person	
		Zephir International LLC		
			Firm/Company	
		3800 South Ocean Drive	, Suite 236	
				
		Hollywood, FL		
		jz@zephirinternational.com	City/State and Zip Code m	
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	iformation coi	ncerning this matter, please ca	ili:	
Jeff Zephir			954 696-1212	
	Name of l	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	iling 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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Zephir International LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our recordsiability Company))
The Articles of Organization for this Limited Liability Company Florida document number L01000010539	were filed on 28 June 2001	cand assigned
This amendment is submitted to amend the following:		2 1
A. If amending name, enter the new name of the limited liabi	ility company here:	至 0
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation CDL.C."
Enter new principal offices address, if applicable:		hv()
(Principal office address MUST BE A STREET ADDRESS)	A DOV	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	City , Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

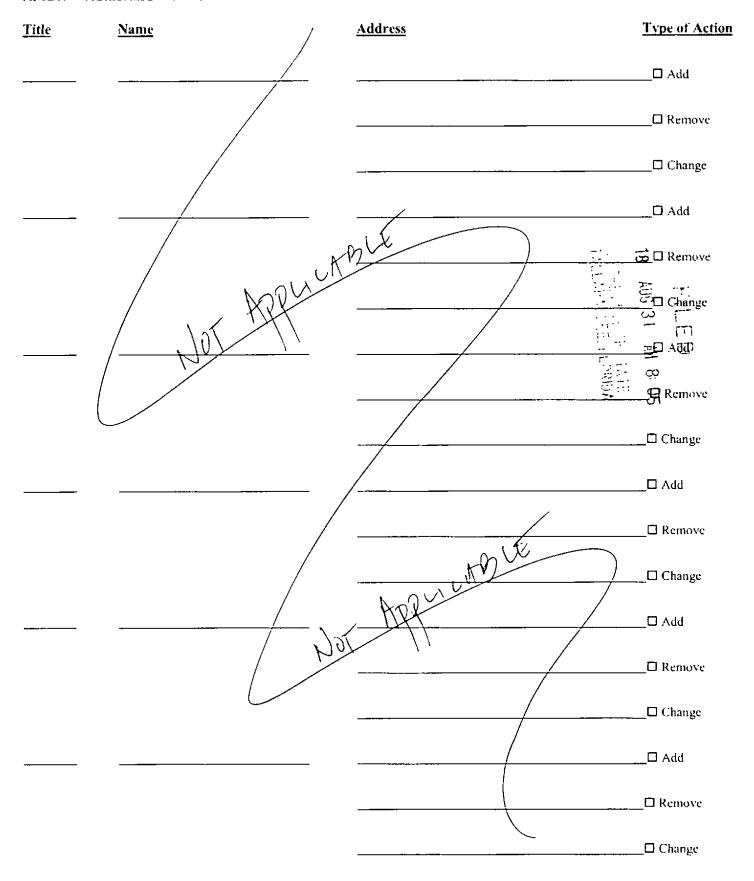
If Changing Registered Agent, Signature of New Registered Agent

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 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



Changing the function of the	ne company from a c	onsulting business to	a general contra	cting
construction business.				
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				- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19
ective date, if other than the	date of filing:	1 September 2018		tional)
n effective date is listed, the date mu te: If the date inserted in this bl	ock does not meet the	applicable statutory fil	ng requirements, th	is date will not be list
cument's effective date on the D	epartment of State's re	cords.		
record specifies a delayer	d effective date. b	ut not an effective	time, at 12:01	a.m. on the earli
he 90th day after the rec			•	
, 28 August	2018			
ted				
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Filing Fee: \$25.00