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MAY 2 2 2012

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporation		• • • • • • • • •	· 3 , \$1		
SUBJE	ECT:	ZA	NZA LLC			
		Name of Limit	ted Liability Company	•	_	
The en	closed Articles of Art	endment and fee(s) are sub	mitted for filing.			
Please	return all corresponde	ence concerning this matter	to the following:			
	_		GIORGIO RUBINI			
			Name of Person			
ZANZA LLC						
	•		Firm/Company			
		101 V	WASHINGTON AVEN	UE		
Address						
MIAMI BEACH, FL 33139						
			City/State and Zip Code			
	-	ruk E-mail address: (t	oinimiami@gmail.com	ort notification)	_	
For fur	ther information conc	erning this matter, please c		nt nonneation,		
PABLO MAIGE		at (_305_)	3184901			
	Name of Pe	rson	Area Code &	Daytime Telephone Nun	nber	
Enclos	ed is a check for the f	ollowing amount:				
\$25	.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certi nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)	

MAILING ADDRESS:

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

		ZA LLC.	12 MAY 21	PM 2: 33
(Name of the Limited	Liability Com Florida Limite	pany as it now appead Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document numberL1100009	•	ny were filed on	08/30/2011	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited li	ability company her	<u>re</u> :	
	N	I/A		
The new name must be distinguishable and end wi "L.L.C."	th the words "Li	imited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:	N/A		<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)	<u></u>		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		En	nter Florida street ada	ress
			Florida	

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 608, 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.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action PABLO MAIGE** MGR 101 WASHINGTON AVENUE ✓ Add MIAMI BEACH, FL 33139 Remove ☐ Add _____ Remove Add Remove _ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A **MAY 18** Dated __ Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

GIORGIO RUBINI