

04/08/2013 10:38 FAX

Division of Corporations

L1200004054

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BAKER & MCKENZIE  
Account Number : 074222002135  
Phone : (305) 789-8900  
Fax Number : (305) 789-8953

APR 10 2013

L. SELLERS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: steven.hadjilogiou@bakermckenzie.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ZAFCO RETAIL BIRD ROAD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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(((H13000079691 3)))  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**ZAFCO RETAIL BIRD ROAD 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 03/23/2012 and assigned  
 Florida document number L12000040504.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

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 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.*

If Changing Registered Agent, Signature of New Registered Agent



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

N/A

Dated April 9, 2013



Signature of a member or authorized representative of a member

MOHAMMAD SULEMAN DAUD

Typed or printed name of signer

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