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D SCOTT AUG 1 5 2017

COVER LETTER

TO: Registration Section Division of Corporatio	ns	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amendr	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Michael Peters	
_	E2B; rd LLC Firm/Company	
	305 SE 74th ST	
	Cape (oval, 33990, FL City/State and Zip Code Peters & peters - Zwez. com E-mail address: (to be used for future annual report notification)	
	Peters. @ peters - Zwez. com E-mail address: (to be used for future annual report notification)	
For further information concerning		
Michael F Name of Person	Peter's at (239) 672 6078 Area Code Daytime Telephone Number 7:	
Enclosed is a check for the follow	wing amount:	F
▼ \$25.00 Filing Fee	30.00 Filing Fee & \$\Bigcup\$ \$55.00 Filing Fee & \$\Bigcup\$ \$60.00 Filing Fee," Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	FILED WESS

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**

	Z Bird				
(<u>Name of the Limited L</u> (A F	iability Compar Iorida Limited L	iy as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L15 coop 953</u>		were filed on <u>C6</u>	-01-2015	and ass	signed
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabi	lity company here:			
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the design	nation "LLC" or the abb	previation "L,	,L.C."
Enter new principal offices address, if applicable	::				
(Principal office address MUST BE A STREET A	DDRESS)				
					<u></u>
					1 50
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO)	<u>Ω</u>			-	<u>· ~</u>
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, enter	the name	of the new
Name of New Registered Agent:		Tippen	Law Firm	1, PLC	. <u>C</u>
New Registered Office Address:	315	Tipper E. Olym Enter Florida s	pic Ave	# 2	124
_	Punta	Gorda	, Florida <u>3</u>	3950	
_				Zip Code	
New Registered Agent's Signature if changing Regis	tored 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.

Page 1 of 3

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> Name Address **Type of Action** _□ Add _□ Remove __ Change _□ Add __ Change _D Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change __ D Remove □ Change □ Add ☐ Remove

_□ Change

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						on the e	arlier o
ocument's effective e record specifie			but not an e	ffective time, a	at 12:01 a .m.	on the c	
e record specifie The 90th day af			but not an e	ffective time,	at 12:01 a.m.	on the c	
e record specifie The 90th day af	ter the record is	s filed.)(7	oresentative of a me		on the c	

Page 3 of 3

Filing Fee: \$25.00