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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | | |
|---|--------------------------------------|--|---|--|--|--|--|
| CTIDI | 10981-653-2 JECT: | 2077 ZZH, LLC | | | | | |
| SUBI | JEC1: | | | | | | |
| The e | nclosed Articles of A | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please | e return all correspon | idence concerning this matter | to the following: | | | | |
| | | Shaomin Zhang | | | | | |
| | | | Name of Person | | | | |
| | | 10981-653-2077 ZZH, LL | С | | | | |
| | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Firm/Company | | | | |
| | | 19210 N. Hibiscus St. | | | | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · | | | |
| | | Weston, FL 3332 | | | | | |
| Please r For furt Roland Enclose | | City/State and Zip Code | | | | | |
| | | zhua66@gmail.com | | | | | |
| | | | to be used for future annual report notif | ication) | | | |
| For fu | irther information co | ncerning this matter, please c | all: | | | | |
| Rolan | nd H. Acosta, Esq. | | 407 644-2531 | | | | |
| Name of Person Area Code Daytime Telephone Numb | | | | Telephone Number | | | |
| Enclo | sed is a check for the | e following amount: | | | | | |
| ₽ \$2 | 25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy | | | |

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

| 10981-653-2077 ZZH, LLC | | |
|--|--|---------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany as it now appears on our records.) I Liability Company) | |
| The Articles of Organization for this Limited Liability Companion $\frac{L16000048624}{L16000048624}$ | y were filed on March 9, 2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | pility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2402 Carver Street | |
| (Principal office address MUST BE A STREET ADDRESS) | Durham, NC 27013 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | |

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

| MGR = M MBR = A | anager uthorized Member | | |
|--------------------|----------------------------|---------|---------------------|
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| fective date, if other than th | | | | (option: | | |
| on effective date is listed, the date mote: If the date inserted in this cument's effective date on the | olock does not in | neet the applicable | | | | |
| record specifies a delaye The 90th day after the re | | late, but not a | n effective time | ı, at 12:01 a.n | ı. on the ea | arlier o |
| March 24 | | 2016 | | | 100 mg | |
| 020 | s cend | A | osta | SECTA AH AM | | |
| | Signature of a r | nember or authorize | ed representative of a | | _ [1 | _ ~ |
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Page 3 of 3

Filing Fee: \$25.00