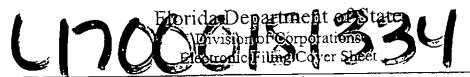
11/14/2017

Division of Corporations



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	Doing so will generate another cover sheet.		
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	Division of Corporations Fax Number : (850)617-6383	:	
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	Account Number : I20000000146	PW	
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Electronic Filing Menu

Corporate Filing Menu

Help). HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAE ENTERPRISES LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco d Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L17000181334}{L17000181334}$	ny were filed on <u>8/24/2017</u>		_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbre	viauon "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)			
1 Trinopin Villa		· · ·	
	.	•	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		:	
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our reco	rds, <u>enter t</u>	e name of the
	ť.		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	dress	
		Florida	
	City ,	1 101 104	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 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

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

. . .

Title	Name	Address	Type of Action
MGR	FERHAT YALCIN	520 BRICKELL KEY DR	Add
		# A1619	☐ Remove
		MLAMI, FL 33131	Change
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Filing Fee: \$25.00