117000244976

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SECRETARY OF STATE

BIVISION OF CORPURATION

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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	ZOOM1223, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	AL	FREDO BELTRAN	
		Name of Person	
	zoo	OM 1223, LLC	
		Firm/Company	
	6365	COLLINS AVE. STE 2707	
		Address	
	MIA	MI BEACH, FL 33141	
		City/State and Zip Code	
		REDB@ZOOMLOANS.COM	
		to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
BARBARA B	ELTRAN	305 632-3343	
Name (of Person		ime Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations lox 6327	STREET/COUI Registration Sect Division of Corp Clifton Building	orations
Tallah	assee, FL 32314	2661 Executive 0	Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOOM1223.	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Companion document number $\frac{L17000244976}{L17000244976}$.	y were filed on11/29/2017	and assigned
This amendment is submitted to amend the following:		
his affendment is submitted to affend the ronowing.		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		SEC VISI 18 S
Principal office address MUST BE A STREET ADDRESS)		EP SE
The party free many control of		2 4 <u>8</u>
	···	<u>→ 4</u> 9;
		AH II:
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	**	<u> </u>
3. If amending the registered agent and/or registered		nter the name of the n
<u>egistered agent and/or the new registered office address ho</u>	ere:	
Name of New Registered Agent:		
Stand Constitutes Addition		
New Registered Office Address:	Enter Florida street address	
	, Florid	lu.
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = "Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALFREDO BELTRAN	6365 COLLINS AVE STE 2707 MIAMI BEACH, FL 33141	= Add
			🗖 Remove
			☐ Change
			Add
			□ Remove
			Change
			
			☐ Remove
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an effective da <u>{ote:</u> If the d	e, if other than the da te is listed, the date must be ate inserted in this block fective date on the Depar	specific and cannot be produced the app	rior to date of filing blicable statutory	or more than 90 days a	otional) fier filing.) Pursuant to this date will not be l	605 0207 fisted as
	pecifies a delayed ef day after the record		not an effectiv	ve time, at 12:0.	l a.m. on the ea	rlier o
ated	9/14/	2018	· /			
	9					
	Sig	nature of a member or a	uthorized representa	stive of a member		

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Filing Fee: \$25.00