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DIVISION OF THE 3: 42

J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Small	& Bizoune Co	ompany, LLC	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tina Batten		
	_ 	Name of Person	<u> </u>
	Small & Bizo	oune Company	, LLC
		Firm/Company	
	P.O. Box 47	0399	
		Address	
	Lake Monro	e, FL 32747	
		City/State and Zip Code	
	tina@zoomair.us	to be used for future annual report:	
		•	iouncation)
For further information co	oncerning this matter, please co	all:	
Tina Batten		_{at} 321 363-	-4947
Name of	Person		time Telephone Number
Enclosed is a check for th	e 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)

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

Small & Bizoune Compar		
(Name of the Limi	ted Linbility Company as it now r (A Florida Limited Liability Comp	nppears on our records.) pany)
The Articles of Organization for this Limited L. Florida document number L09000027903	Liability Company were filed o	on 03/23/2009 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	iny here:
The new name must be distinguishable and end with the	words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	VISE
(Principal office address MUST BE A STRE	ET ADDRESS)	三
		2 5
		P 27
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	2 %.
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ess on our records, <u>enter the name of the new</u>
New Registered Office Address:	18851 NE 29th Aven	nue, Suite 700
New Registered Office Address.		ter Florida street address
	Aventura	, Florida 33180
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
	•••	this capacity. I further agree to comply with the

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove

		
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Filing Fee: \$25.00