L1500 118366

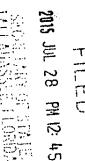
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		





700275496027

07/28/15--01019--007 **55.00



N. Cumps : JUL & Market

COVER LETTER

10:	Registration Sec Division of Corp	oorations, .		4		
CIID II	· CT.	". 1965LMZ I	LLC			
SUBJE	ECT:	Name of Limit	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please	return all correspor	ndence concerning this matter t	o the following:			
-		Julia Greenberg-Aguilar				
			Name of Person	· · · · ·		
		MyUSACorporation.com				
			Firm/Company	 		
		1 Radisson Plaza, Suite 800				
			Address			
		New Rochelle, NY 10801				
		-	City/State and Zip Code	· • -		
		lynnzolenge@yahoo.com				
		E-mail address: (to	o be used for future annual report notif	ication)		
For fur	ther information co	oncerning this matter, please ca	11:			
Julia C	Greenberg-Aguilar		877 330-2677 at ()			
	Name of	Person	Area Code Daytimo	Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$2:	5.00 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

FILED 2015 JUL 28 PM 12: 45

1965LMZ LI.	.C	SPONET TALL ME	rain of STATE ASSEE, FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I			· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	e designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2901 CLINT	MOORE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	#414		
	BOCA RATO	ON, FL 33496	
Enter new mailing address, if applicable:	2901 CLINT	MOORE ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	#414		
	BOCA RATO	ON, FL 33496	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	on our records, <u>e</u> i	nter the name of the ne
		, Florid	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			🗖 Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

_		mation, enter change(s) here: (Attach additional sho	
_			
_			
_	· · · · · · · · · · · · · · · · · · ·		
_			
-			
-			
-			
-			
-			
-			
-			
_	<u> </u>		
_			MIL 28 PI
-			2
-	,		PM 12: 45
E. Effecti	ve date, if other than t	ne date of filing:	(optional)
(lian effe Note:	ective date is listed, the date in this date in this	nust be specific and cannot be prior to date of filing or more than sold block does not meet the applicable statutory filing required Department of State's records.	90 days after filing.) Pursuant to 605.0207 (3)(b) cements, this date will not be listed as the
If the rec (b) The	ord specifies a delay 90th day after the r	ed effective date, but not an effective time, an ecord is filed.	t 12:01 a.m. on the earlier of:
Dated _	July 22	2015	
		Signature of a member or authorized representative of a mem	
	()	Signature of a member or authorized representative of a mem Lynn Zolenge	noei

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00