

H18000100585

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000038304 3)))



H190000383043ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000076
Phone : (305)388-7028
Fax Number : (305)479-2705

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZL CAPITAL LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

2019 FEB 20 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 FEB 20 PM 4:12

FILED

UIS
A-21-19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZL CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2018 and assigned Florida document number L18000100585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7951 RIVIERA BLVD

SUITE 210

MIRAMAR, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7951 RIVIERA BLVD

SUITE 210

MIRAMAR, FL 33023

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

USA ACCOUNTING 4 US, CORP.

New Registered Office Address:

7951 RIVIERA BLVD - SUITE 210

Enter Florida street address

MIRAMAR

City

, Florida

33023

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

FILED
2019 FEB 20 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|-------------------|--|
| MGR | ADALBERTO M FERRERO | 7951 RIVIERA BLVD | <input type="checkbox"/> Add |
| | | SUITE 100 | <input checked="" type="checkbox"/> Remove |
| | | MIRAMAR, FL 33023 | <input type="checkbox"/> Change |
| MGR | 90% ADALBERTO M FERRERO | 7951 RIVIERA BLVD | <input checked="" type="checkbox"/> Add |
| | | SUITE 210 | <input type="checkbox"/> Remove |
| | | MIRAMAR, FL 33023 | <input type="checkbox"/> Change |
| MGR | 10% FACUNDO N FERRERO | 7951 RIVIERA BLVD | <input checked="" type="checkbox"/> Add |
| | | SUITE 210 | <input type="checkbox"/> Remove |
| | | MIRAMAR, FL 33023 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2019 FEB 20 4:12 PM
KILPATRICK SEC. FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2019 FEB 20 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 02/01/2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 02/01/2019


Signature of a member or authorized representative of a member

ADALBERTO M. FERRERO

Typed or printed name of signee