Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076

Fax Number

: (305)388-7928 : (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:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZL CAPITAL LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZL CAPITAL LLC		
(Name of the Limited L. (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabit Florida document number L18000100585		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Linbility Company," the designation "LLC"	or the abbreviation "b. C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		R FLOR
Enter new mailing address, if applicable:		AM 10: 54
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, e address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
•	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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