

A04000000339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

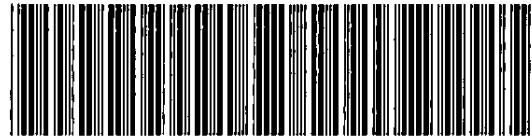
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210673029

08/04/11--01004--022 **52.50

FILED
11 AUG -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 05 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOG Limited Partnership
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nathan Ohren
Contact Person
ZOG Limited Partnership
Firm/Company
2117 NW 19th Way
Address
Boca Raton, FL. 33431
City, State and Zip Code
nathan.ohren@gmail.com
E-mail address: (to be used for future annual report notification)

11 AUG -4 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

Nathan Ohren at (561) 289-8394
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

ZOG Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on March 2, 2004, assigned Florida document number A0400000339, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

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

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

11 AUG 14 PM 1:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. 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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>LP</u>	<u>NATHAN OHRN</u>	<u>2117 NW 19TH WAY BOCA RATON FL 33431</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>LP</u>	<u>OHRN FAMILY HOLDINGS AD060000001639 LLP</u>	<u>2117 NW 19TH WAY BOCA RATON, FL 33431</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>LP</u>	<u>JENN GARONTE</u>	<u>8550 NW 79TH ST TAMPA FL 33721</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>LP</u>	<u>JULIUS OHRN TRUST</u>	<u>4295 DOCIAR BLVD BOCA RATON FL 33489</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>LP</u>	<u>ZAHID RAMLAWI</u>	<u>7751 SW 78TH COURT MIAMI, FL 33143</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>LP</u>	<u>ZAHID A. RAMLAWI TRUST</u>	<u>7751 SW 78TH COURT MIAMI, FL 33143</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 11 AUG - 4
 2014
 STATE
 OF FLORIDA
 ARMY
 SSEE

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)


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

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner or all general partners*:

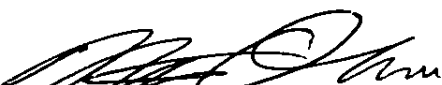
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

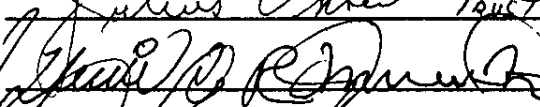
OHREN FAMILY HOLDINGS, LLP
By: OHREN INVESTMENTS, LLC, General Partner

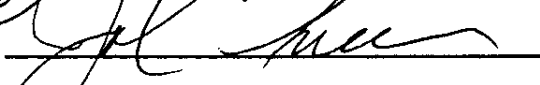


ZOG By: LLC
Nathan Ohren, Managing Member

Signature(s) of all new or dissociating general partner(s), if any:



Julius Ohren TRUST




FILED
11 AUG - 4 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75