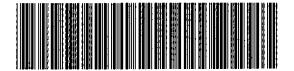
#1030000/0465

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·
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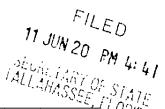
K. SALY EXAMINER JUN 2 1 2011

COVER LETTER

TO:	Registration Division of C				
SUBJECT: Z Holloway Investments, LLC					
	· ·	Name of Lim	ited Liability Company		
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corres	pondence concerning this matter	r to the following:		
		Bette L. Holloway Name of Person			
Z Holloway Investments, LLC				_C	
Firm/Company					
3520 N.W. 143rd Street					
Address					
Gainesville, Florida 32606				3	
			City/State and Zip Code		
		E-mail address: (to be used for future annual repor	t notification)	
For fur	ther information	concerning this matter, please of	call:		
		tte L. Holloway	at (_ 352_)	332-0339	
	Name	of Person	Area Code & I	Daytime Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)	
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	Registration of Clifton Build	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Z Holloway Investments, 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 Limit	ed Liability Company were filed on	03/21/2003	and assigned		
Florida document number L03000	0010465				
This amendment is submitted to amend the	following:				
A. If amending name, enter the new nar	ne of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and en "L.L.C."	d with the words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation		
Enter new principal offices address, if ap	oplicable:				
(Principal office address MUST BE A ST	REET ADDRESS)				
Enter new mailing address, if applicable	:				
(Mailing address MAY BE A POST OFF)					
B. If amending the registered agent a registered agent and/or the new registered		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	(No change) - Craig W. Tu	rner			
New Registered Office Address:	618 S.E. 17th Street				
	Er	Enter Florida street address			
	Ocala	, Florida	34471		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name Address **Type of Action** MGRM Kimberly Holloway 7124 S.W. 77th Street Remove Gainesville, FL 32608__ ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed vame of signee

Page 2 of 2

Filing Fee: \$25.00