(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
· (C	ity/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nam	ne)		
(D	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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G. MCLEOD FEB 1 5 2008 **EXAMINER**

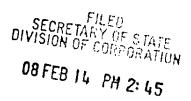
COVER LETTER

TO:	Registration Se Division of Con			
SUBJE	CT: Lot 44,	LLC		
		(Name of Lin	nited Liability Company)	
		Amendment and fee(s) are sulpndence concerning this matter	_	
		Jack Levine as man	ager of Ztrane LLC (Name of Person)	
			(Firm/Company)	
		6574 North State Ro	oad 7, #277	
			(Address)	
		Coconut Creek, FL.	33073	
			(City/State and Zip Code)	
For furth	er information o	concerning this matter, please of	call:	
Jack L	.evine, mana	iger Ztrane LLC	at (954) 732 9122	
	(Name	of Person)	(Area Code & Daytime	Telephone Number)
	I is a check for the	ne following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &	\$60.00 Filing Fee,
		Columeate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section			STREET/COURIER Registration Section	R ADDRESS:

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lot 44, LLC		
Lot 44, LLC (Name of the Limited Liability Co (A Florida Limited Liability Co	mpany as it now appears on outed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Completion of Complete Losson Complete		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," th	e designation "LLC" or the abbreviation
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter Fl	orida street address)
	, Florida	
- · · · · · · · · · · · · · · · · · · ·	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and cacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	omplete performance of my tas provided for in Chapter	duties, and I am familiar with and 608, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

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 Type of Action Address Title Name 6574 North State Road 7 MGRM Z Trane Remove #277 Coconut Creek, FL. 30073 Z Trane, LLC **✓** Add MGR 6574 North State Road 7 ☐ Remove Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Z Trane was never a member of Lot 44,LLC, only a manager. They were added as a result of a clerical error on Nov 15,2007 filing. We are amending to correct records and clarify. Dated Feb 11,2008 Signature of a member or authorized representative of a member Ztrane LLC, Manager by Jack Levine manager

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00