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TALLAHASSEE, FLORIDA

AUG 11 2018 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

TO:

ZP&W Gr SUBJECT:	oup Holdings, LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Leon N. Patricios				
		Name of Person			
	ZP&W Group Holdings, I	LLC			
		Firm/Company	······································		
	312 Minorca Ave				
		Address	,		
	Coral Gables, FL 33134			8 ALLAN	
		City/State and Zip Code		AUG -	FILED
	lpatricios@zpwlaw.com			-7 SEE	נח י
	E-mail address: (to be used for future annual report notific	ation)	型 22	O
For further information	concerning this matter, please c	all:		32 û	
Leon N. Patricios		305 444-5565		5: 08 IAIC ORIDA	
Name o	of Person		Celephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZP&W Group Holdings, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 12/02/2003	and assigned
Florida document number <u>L03000049062</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company bere:	
ZP Group Holdings, LLC		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, shere:	18 AUG -7 PH 5.07 the ne
Name of New Registered Agent:		771
New Registered Office Address:	Para Planta and I	
	Enter Florida street address	
	, Flor	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
		· .	□ Change
 			□ Adđ
			□ Remove
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E. Effective	e date, if other than t	he date of filin	ø:			(optional	1)		
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