

LOS 000053941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

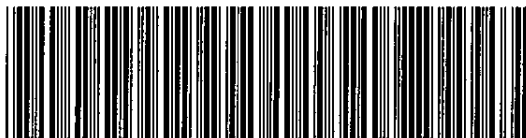
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

CF 25.00



600141836976

01/27/09--01003--002 \*\*25.00

T. CLINE

JAN 27 2009

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 26 AM 11:10

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZOO ENTERPRISES, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

BRIAN SHRIVER

(Name of Person)

ZOO ENTERPRISES, LLC

(Firm/Company)

1941 WEST BAY DRIVE

(Address)

LARGO, FL. 33770

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN SHRIVER

(Name of Person)

at (727) 461-7100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee &  
Certificate of Status &  
Certified Copy  
(additional copy enclosed)

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

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

2009 JAN 26 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ZOO ENTERPRISES, 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 Limited Liability Company were filed on 5-31-2005 and assigned  
Florida document number L05000053941.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: SAME

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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: BRIAN SHRIVER

New Registered Office Address: 1941 WEST BAY DRIVE

(Enter Florida street address)

LARGO

(City)

Florida

33770

(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, 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
-------	------	---------	----------------

MGR	JANA L. SHRIVER	1941 WEST BAY DRIVE LARGO, FL. 33770	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
-----	-----------------	---	--

MGR	BRIAN P. SHRIVER	1941 WEST BAY DRIVE LARGO, FL. 33770	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	------------------	---	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

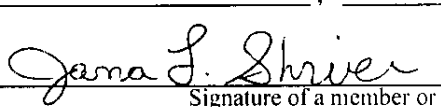
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

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

Dated 12-08-08

  
 Signature of a member or authorized representative of a member  
 JANA L. SHRIVER  
 TYPED OR PRINTED NAME OF SIGNED

BRIAN P. SHRIVER

FILED  
 2008 JUN 26 AM 11:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA