## L05000056340

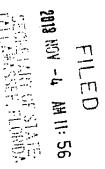
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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October 22, 2013

TALI BENAYON 7300 WAYNE AVENUE #401 MIAMI BEACH, FL 33141

SUBJECT: ZIPZAP LLC Ref. Number: L05000056340

We have received your document for ZIPZAP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 213A00024618

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZIPZAP 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:
TALI Benayon Name of Person
Firm/Company
7300 Wayne Ave #401
Miam Beach FL 33141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tali Benayon at (186 266 - 324)  Name of Person at (186 266 & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is 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

## ARTICLES OF AMENDMENT · TO ARTICLES OF ORGANIZATION **OF**

FILED 2013 NOV -4 AN II: 56

SECRETARY OF STATE

		سر ا	FALLABASSEE, FEORIDA
-	2a.P L		
( <u>Name of the Limited Liab</u> i (A Flori	lity Company as it no da Limited Liability Co	w appears on our rec	ords.)
The Articles of Organization for this Limited Liabilit		l on	and assigned
Florida document number <u>L05000</u>	<u>57</u> e340		
This amendment is submitted to amend the following	<i>:</i>		
A. If amending name, enter the new name of the l	imited liability comp	nany here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabili	y Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7	Tui Bou	
(Principal office address MUST BE A STREET AD	DRESC	200 11)	CALLO OF A 10 HO
(Frincipul office unuress MOST BE ASTREET AD	<u>DKE33)</u>	210000	Boach El
	¥. D	nawa	3211
Enter new mailing address, if applicable:			0.014.1.
		•	
(Mailing address MAY BE A POST OFFICE BOX)			
			<del> </del>
B. If amending the registered agent and/or re	gistered office addr	ess on our records	enter the name of the new
registered agent and/or the new registered office a		ess on our records	, onto the hame of the her
		. 10	
Name of New Registered Agent:	IAI	1 Beno	MON
New Registered Office Address:	730	900000	une Aretani
New Registered Office Address.		Enter Florida s	treet address
γ	Miana	Beach	orida Fl. 33141
<u></u>	City	io cocor , ri	Zip Code
New Registered Agent's Signature, if changing Regist	ered 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 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 1 **Address** Type of Action TALIBENCYM Tali Benayon HAdd

1300 Wayne Aue Remove

Miani Beach F1-3314 MOR Inbar Reiter 200-1744 umy Isles + Remove Remove Remove Remove

). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
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Dated	10-29- 2013.
	(hei bonas
	Signature of a member or authorized representative of a member
	TALI BENOYON
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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