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J. SAULSBERRY EXAMINER OCT 3 2013

COVER LETTER

| TO: | Registration Section Division of Corpo | | | • | | |
|--------|--|---|--|---------------|-----------------|-------|
| CUBII | CT. | Zarou C | levelopment, L | LC | | |
| SUBJI | ECT: | Name of Limit | ed Liability Company | | | · |
| | • | | | | | |
| The en | closed Articles of Ar | mendment and fee(s) are sub- | mitted for filing. | | | |
| Please | return all correspond | lence concerning this matter | to the following: | | | |
| | | c | John Zarou | | | |
| | | | Name of Person | | - | |
| | | | | | 2013 3345 | |
| | | | Firm/Company | | SEF 30 | |
| | | 317 4 | ammock Grove | Ct. | 30 F | |
| | | | Address | | | |
| | | St. John | is, FL 3225 | 59 | AM 9: 47 | |
| | | John. Za | Address Address S, FC 3225 City/State and Zip Code aron @ Gmail. C | om | _ " | |
| | | E-mail address: (to | be used for future annual report notificati | on) | | ٠ |
| For fu | ther information con | cerning this matter, please ca | ali: | | 2 - | |
| | John | Zaroy | at (904) 716 - 7 | 861 | | |
| | Name of P | Person | Area Code & Daytime Te | dephone Numbe | er | |
| Englos | sed is a check for the | following amount: | | | | |
| \$25 | 5.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & | osed) |
| | | | | | | |

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

| Zaron De | velopment, LLC | |
|---|---|----------------------------|
| | pany as it now appears on our records.) d Liability Company) | 57 |
| The Articles of Organization for this Limited Liability Compa Florida document number | • | and assigned |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limited li John Zaroy, LLC | | |
| The new name must be distinguishable and end with the words "Li"L.L.C." | mited Liability Company," the designatio | n "LLC" or tl abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | 317 Hammo | ck Grove Ct |
| (Mailing address MAY BE A POST OFFICE BOX) | 317 Hammon St. Johns, Fo | 2 32259 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | er the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street | address |
| | , Florida | Zip Code |
| | 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.

| D. If ameno | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------|---|
| | |
| | |
| | |
| - | |
| | |
| | |
| Dated | |
| | h a/20/13 |
| | Signature of a member or authorized representative of a member |
| | John ZAROU |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 30 AM 9: 47