

W6000000046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

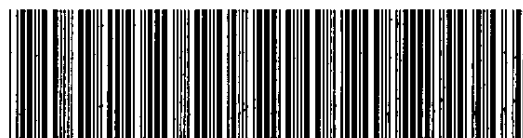
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 13 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZENITH 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:

GUERDIN LECORPS
(Name of Person)

ZENITH ENTERPRISES, LLC
(Firm/Company)

2254 SW 131 AVE
(Address)

MIRAMAR, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

GUERDIN LECORPS at (954) 394-2452
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 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**

ZENITH 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 12/30/05 and assigned Florida document number 206000000046.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ZENITH ENTERPRISES II, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1800 NE 2nd Ave
MIAMI, FL 33136, USA
1800 NE 2nd Ave
MIAMI, FL 33136, USA

Enter new mailing address, if applicable:

(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:

GUERDIN LECORP

New Registered Office Address:

2254 SW 131 Ave

(Enter Florida street address)

MIRAMAR,

(City)

Florida

33027

(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.

[Signature]
(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	GUERDIN LECORP	190 N E 3 DRAIN RD MIAMI, FL 33179	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CLAUDETTE ALTIERI	17506 SW 33 CT Hollywood, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIE BAPTISTE	17506 SW 33 CT Hollywood, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DUNCAN, RICARDO	17506 SW 33 CT Hollywood, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DARWELL HAYNES	1800 NE 2ND AVE MIAMI, FL 33169	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated 6/11/08

Signature of a member or authorized representative of a member
GUERDIN LECORP

Typed or printed name of signee

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JUN 12 2008 4:09
TALLAHASSEE FLORIDA
SECRETARY OF STATE