

LOG 000008727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

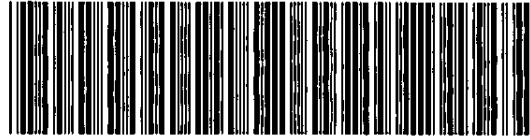
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900260543479

05/28/14--01011--012 \*\*25.00

FILED  
2014 MAY 28 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN - 3 2014

T CLINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VANQUISH AERIALS, LLC. (FORMERLY ZENIA IZILL)  
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:

JAMES D.O'BRIEN, JR.  
Name of Person  
VANQUISH AERIALS, LLC  
Firm/Company  
50 DALE PLACE  
Address  
OLDSMAR, FL 34677  
City/State and Zip Code  
AMA8932@AOL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY 28 PM 1:15

FILED

For further information concerning this matter, please call:

JAMES O'BRIEN at ( 727 ) 726.8319  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Effective  
DATE  
IMMEDIATE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Zenia 121 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 01-19-2006 and assigned  
Florida document number LO6000008727

This amendment is submitted to amend the following:

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

VANQUISH Aerials, LLC. (VANQUISH)

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)

50 DALE PLACE

OLDSMAR, FL 34677

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:

New Registered Office Address:

50 DALE PLACE

Enter Florida street address

OLDSMAR

City

, Florida

34677

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

NO Change to Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>JAMES D. O'BRIEN, JR</u>	<u>50 DALE PLACE</u>	<input type="checkbox"/> Add
		<u>OLDSMAR, FL</u>	<input type="checkbox"/> Remove
		<u>34677</u>	
			<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

2014 MAY 28 PM 1:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

---

---

---

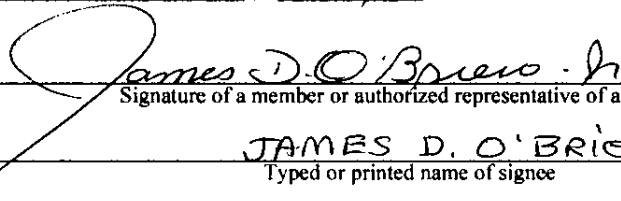
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5-16-, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
JAMES D. O'BRIEN, JR.  
\_\_\_\_\_  
Typed or printed name of signee

2014 MAY 28 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Page 3 of 3

Filing Fee: \$25.00