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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	ZPATH LI	c			
30000	CI	Name of Lin	nited Liability Company		
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		ZAFAR M KHAN			
			Name of Person		
		ZPATH LLC			
			Firm/Company		
		12300 ALT, A1A, SUITE 204			
		Address			
		PALM BEACH GARDENS, FL 33410			
		KHANZAFAR60@COMC	City/State and Zip Code		
			to be used for future annual report noti	fication)	
For furth	ner information c	oncerning this matter, please c	all:		
ZAFAR	M KHAN		561 3548262		
	Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed	l is a check for th	ne 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)	
		ING ADDRESS:	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZPATH LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1 1 2 9 100 (1-5)	Company were filed on MAY 25, 2009 2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)
	.c: 2
Enter new mailing address, if applicable:	—————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	
B If amending the registered agent and/or reg	istered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	
	٠. ن
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MICHAEL SHAPIRO	12300 ALT. A1A, SUITE 204 PALM BEACH GARDENS, FL	Add
			☐ Remove
			Change
MGR ZAFAR M KHAN	ZAFAR M KHAN		Add
		474 ORIOLE POINT JUPITER FL 33458	■ Remove
			Change
		Remove	
		Change	
	_		
			□ Remove
		Change	
		_	
		Remove	
		Change	
	<u></u>		Add
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_
	<u> </u>
	
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If an et Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as frent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Datud	13 SEP 2019
Dated	Signature of a member or authorized representative of a member
	I = I = I = I = I = I = I = I = I = I =

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00