## #206000062658

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number	)			
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:				
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K. SALY EXAMINER OCT 22 2012

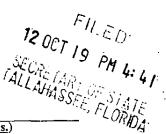
## **COVER LETTER**

Division of Corp	
SUBJECT:	ZETA, LLC
Jobsect.	Name of Limited Liability Company
The enclosed Articles of A	amendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	EMMA P. MACERA  Name of Person
	ZETA, LLC Firm/Company
	Firm/Company
	13301 5W 132 AVE # 109
	MIAMI, FL 33186
	MIAMI, FL 33186  City/State and Zip Code  sales @ captiva foods, com
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
EMMA F	Person Area Code & Daytime Telephone Number
,,	, <del>, , , , , , , , , , , , , , , , , , </del>
Enclosed is a check for the	e following amount:
- 4	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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



ZETA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Diffited Diability Company)							
The Articles of Organization for this Limited Liability Company were filed on JUNE 20, 2006 and assigned							
Florida document number <u>L06000062658</u>							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liab	ility Com	pany," the c	lesignation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD)	RESS)			_			
				_			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  13301 5W 132 AVE # 109  MIAMI, FL 33186  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:  EMMA P. MACERA							
New Registered Office Address:	13301	SW	132	AVE	# 109		
	Enter Florida street address				ddress		
	MIAMI			. Florida	33186 Zip Code		
<del></del>	City			, •	Zip Code		
New Registered Agent's Signature, if changing Registere	d Agent:						
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	nd complete per gent as provided ed office addres	formanc d for in (	e of my du Chapter 66 by confirm	ities, and 08, F.S. O a that the i	I am familiar with and r, if this document is		

Page 1 of 2

	the Managers or Managing Members on o g Member being added or removed from ou	our records, enter the title, name, and addre	sa of cach Manager
MGR = Ma			, ·
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DILLMANN, CLAUDIA M	1. 19387 SW 79 PLACE CUTLER BAY, FL 33/57	Add Remove
M <u>GRM</u>	MACERA, CESAR D.	13301 SW 132 AUE #109 MIAMI, PL 33186	Add Remove
MGR	MACERA, EMMA P.	/330/ SW /32 AUE #/09 M/AMI, FL 33/86	_ <b>⊠</b> Add Remove
	- <del></del>		Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_
			_
	DCTOBER 15, 8012	-· \(\bigc\)	-
	Signature of a member of a	wheresentative of a member	<del></del>
	CESAR Typed or nr	D. MACERA	

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Filing Fee: \$25.00