## L07000019367

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SECRETARY OF STATE
TALL AHASSEF FI ORIO

B. BOSTICK AUG - 5 2013

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: ZMG						
	Name of Limit	ed Liability Company				
The enclosed Articles of An Please return all corresponde		<u> </u>				
	Marie Tzi	Name of Person				
	Im G cons'	Tuchon Inc. Firm/Company				
	477 Comm	Address )				
	Longwood	LFL 32750 City/State and Zip Code				
-	Mtzwani E-mail address: (to	o be used for future annual report notification		ĪĀ;s	26	
For further information cond	erning this matter, please ca	all:		EGRE	2013 AUG -2	7
Mayle TZIVO Name of Pe	crson	at (407) 865-5771  Area Code & Daytime Te		ASSE		1
Enclosed is a check for the f	ollowing amount:	·	·	FLOKIU/	PH 4: 32	See 1
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Fili Certifical Certified (addition	te of Stat Copy		sed)
Registration of P.O. Box	f Corporations	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

zmareal	ty LC				
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appe bility Company	ars on our records. )	.)	
The Articles of Organization for this Limited Lie Florida document number LD70001931		ere filed on	<u> Toloele</u>	and a	assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company h	<u>ere</u> :		
The new name must be distinguishable and end with "L.L.C."	h the words "Limited	d Liability Com	pany," the designati	on "LLC" or th	e abbreviation
Enter new principal offices address, if applica	able:		<u></u>		
(Principal office address MUST BE A STREE	T ADDRESS)			TA SE 13	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			- 1	F (
B. If amending the registered agent and/or registered agent and/or the new registered of			our records, <u>en</u>	·	e of the nev
Name of New Registered Agent:	mark	C.FIID	MN		
New Registered Office Address:	477 Com	merce	Enter Florida stree	5 et address	
	Longwor	City	, Florid	la <u>3275</u> Zip Co	ode

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 lighted liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Richard Lann	477 Commerce way #115	Add
		Longusod, FL 32750	Remove
<u>MGRM</u>	mark C. Filburn	Longwood, FL 32750	\times Add Remove
		Longues, FC 00 130	[ Remove
			Add
			Remove
<del></del>		FALLAHASSEE, FI ORIO	Add Remove
		ORIO,	32
<del></del>			Add
			Remove
<u></u>			Add
			Remove

I amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
. T.	111 31 2013
d <u>V</u>	uly 31 , 2013
	Jal Chil
	Signature of a member or authorized representative of a member
	Mark C. Filburn  Typed or printed name of signee

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