

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124

: (561)455-9385

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Z CANS, LLC

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M. THOMAS

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT #-09000244336-3. TO ARTICLES OF ORGANIZATION OF

Z CANS, LLC

(Name of the Limited Liabi (A Florid	lity Company as it now appears of da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability	y Company were filed on d 03/0	8/2007 and assigned
Florida document number L07000025886	·	器 工
This amendment is submitted to amend the following	:	8/2007 and assigned File Figure 19 19 19 19 19 19 19 19 19 19 19 19 19
A. If amending name, enter the new name of the b	imited liability company here:	Fig. 8.
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company	"the designation "LLC" of the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	write . were	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	/Euto	Florida street address)
	(Enter	·
	(City)	, Florida (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.

(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: 7 09000244336-3

MGR = Manager MGRM = Managing Member

<u> Fitle</u>	Name	Address	Type of Action
MGRM	DAVID C ZIMMERMAN	1111 BRAMBLING CT. BRADENTON FL 34212 US	
			Add Remove
			Euc Badd
			Add Add Remove
			S S S S S S S S S S S S S S S S S S S
D. If amendi	ng any other information, enter c	hange(s) here: (Attach additional sheets, if nee	
		,	
	•		
Dated Noemb	er 19 , 2	009 .	
_	Signature of a mo	duk humnunaa ember or authorized representative of a member	

Typed or printed name of signee Page 2 of 2

Mary K Zimmerman

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