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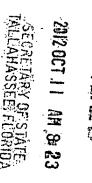
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J. SAULSBERRY EXAMINER

OCT 12 2012

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	ECT:	ZMJ INVE	ESTMENTS, LLC			
Name of Limited Liability Company						
		Amendment and fee(s) are sul				
			JOSE L. LORENZO			
			Name of Person			
	J.L. LORENZO, P.A.					
			Firm/Company			
	770 EAST ATLANTIC AVENUE - 2ND FL					
			Address		SEG STORY	
	DELRAY BEACH, FL 33483				SEGREJAI ALLAHAS	
	City/State and Zip Code JLORENZOLAW@CS.COM			ARY ARY	1	
			(to be used for future annual report notification	1)	1000 至	
For fu	rther information	concerning this matter, please	call:		AM & 23 OF STATE E) FLORIDA	Maga.
		E L. LORENZO	at ()	-8100		
	Name	of Person	Area Code & Daytime Tele	phone Numbe	r	
Enclo	sed is a check for	the following amount:				
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ıs		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZMJ IN	VESTMENTS, LLC	•	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	06/13/2007	and assigned
Florida document number L0700062362	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·	
			70. 5
			る
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			Fig _ fr
			70 7
			22 N
B. If amending the registered agent and/or regis		our records, enter	the name of the new
registered agent and/or the new registered office add	iress here:		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Ei	nter Florida street add	dress
		, Florida	
	City	, 1 101 104	7 in 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:

MGR = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> MGR JEFFERY S. WOOSTER 3300 S. CONGRESS AVENUE ✓ Add Remove BOYNTON BEACH, FL 33426 MALINDA L. WOOSTER MGR 3300 S. CONGRESS AVENUE BOYNTON BEACH, FL 33426 ☐ Remove ☐ Add ☐ Remove $\prod Add$ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ noture of a member or authorized representative of a member JEFFERY S. WOOSTER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00