## LO71000170314

(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
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SECRETARY OF STATE AND ANASSEE, FLORID

## **COVER LETTER**

Division of	Corporations	
SUBJECT: Regi	stered Agent Address Change	
	(Name of Limited Liability Company)	
	,	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	,
Please return all corr	espondence concerning this matter to the following:	
	Robert Cesaric	
	(Name of Person)	<del></del>
	· · · · · · · · · · · · · · · · · · ·	
	Zagamo, LLC	<u>.</u>
	(Firm/Company)	TA S
	417 Beach Road, Suite 17	07 NOV 15 SECRETAN
	(Address)	ASS ASS
	Sarasota, FL 34242	[7](* a)
	(City/State and Zip Code)	
For further informati	on concerning this matter, please call:	AM II: 23
Robert	Cesaric at ( 941 ) 227-4460	
	(Name of Person) (Area Code & Daytime Telephor	ne Number)
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	.00 Filing Fee, cate of Status & cd Copy and copy is enclosed)

**MAILING ADDRESS:** 

Registration Section

TO:

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

Z	agamo, LLC			
	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on	and assigned		
SECOND:	This amendment is submitted to amend the following:			
	Please amend the Address of the registered agent, Robert Cesaric, to:			
	417 Beach Road, #17			
	Sarasota, FL 34242			
	The 235 COCOANUT AVE address is no longer va	alid		
	THE 200 COCKNOT AVE address is no longer vi	and.		
	Thank You,	OF SETAL		
		L AFE		
		ASS.		
	Robert Cesaric	mc T		
	Nobelt Cesalic			
Dated NO	ovember 12 , 2007 .	: 23 PRIDA		
Dated	,	<b>D</b>		
	Signature of a member of authorized representative of a n	nember		
	Robert Cesaric			
	Typed or printed name of signee			

Filing Fee: \$25.00