TO:18506176383 FROM:5618831252



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRUCE J. O'DONNELL, CPA, P.A.

Account Number : 120000000084 Phone : (561)883-1210 Fax Number : (561)883-1252

FEB 0 6 2018

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ZEARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25,00

02/6/2018

Page:

4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEARM, LLC						
(Name of the Limi	ted Linbility Company as (A Florida Limited Linbili	it now appears on our records.) ty Company)				
The Articles of Organization for this Limited I. Florida document number 1.08000014647	iability Company were	e filed on 02/08/2008	and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liability	company here:				
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" o	or the abbreviation "L.L.C."			
Enter new principal offices address, if applie	cable:					
(Principal office address MUST BE A STREET ADDRESS)						
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	or registered office	address on our records,	enter the name of the new			
Togister our agents			TALL TALL			
Name of New Registered Agent:	RAMIRO NIEVES		产品 召			
New Registered Office Address:	8200 SW 117TH AV	/E, STE 104A	25 A			
		Emer Florida street address	Fig A D			
	MIAMI	, Flori	ida 33183			
New Registered Agent's Signature, if changing		лņ	25 Rior			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete perfi istered agent as provi registered office addi	ormance of my duties, and ided for in Chapter 605, F.	I am familiar with and S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

Page:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	RAMIRO NŒVES	8200 SW 1171'H AVE STE 104A	
		.: MIAMI, FL 33183:	□ Remove
			Change
MGR	MARICELIS D. FERRER	8200 SW 117TH AVE, STE 104A	DAdd
		MAINI, FL 33183	≅ Remove
			☐ Change
		Sec. 15.	□ Add
			Change
			D Add
			SECRETION AND 25 PHORIUM
			
			D Change

Page:

TO:18506176383 FROM:5618831252

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I, MARICELIS D. FERRER, hereby withdraw/resign as a MGR of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Manager: Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00