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## **COVER LETTER**

TO: Registration Section . , Division of Corporations		
SUBJECT: ZERO EIGHT, LLC.		
(Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Stephanie L Mrnntss. (Name of Person)		
BOEN DEC LLC (Firm/Company)		
15205 Tilwood PL		
Tampa, FC 33618  (City/State and Zip Code)		
For further information concerning this matter, please call:  Stephanie L Minurss at 83 961-1700  (Name of Person)  (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZERO Eich	+ 110	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSOOOI49</u> C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  The new name must be distinguishable and end with the words "Lin"  "L.L.C."		on "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	JSZOS TIL Tampay F (Same)	wood PL L 33618
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stree	et address) $\stackrel{\stackrel{\scriptstyle \times}{}}{=} \stackrel{\scriptstyle \times}{\cup}$
	, Florida , Florida	a <u>222</u> (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 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 <u>Address</u> **Type of Action** <u>Title</u> Name MCRM Kirk E'Radgudt Remove 🗖 Add □ Remove ☐ Add Remove ☐ Add Remove .□ Add □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008. Typed or printed name of signee

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Filing Fee: \$25.00