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| (Requestor's Name) | | | | | |
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| (Busi | iness Entity Na | me) | | | |
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| Certified Copies | Certificate | s of Status | | | |
| | Cortinodio | - O. O. G. | | | |
| Special Instructions to Fi | iling Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

품미: 53

COVER LETTER

| то: | Registration Section Division of Corporations | |
|--------|--|--|
| SUBJ | CT: | |
| | | |
| The er | losed Articles of Amendment and fee(s) are submitted for filing. | |
| Please | eturn all correspondence concerning this matter to the following: | |
| | Lori 5 Culv C (Name of Person) | |
| | ZAP'EM, LLC (Firm/Company) | 80000000000000000000000000000000000000 |
| | 337 Chicasaw Court | 08 MAY 15 AM 11: 53 SECRETARY OF STATE FALLAHORSEE PLORIDI |
| | Jacksonville Fld 3222.59 (City/State and Zip Code) | F STATE |
| For fu | ner information concerning this matter, please call: | |
| | (Name of Person) at (904) 349 0980 (Area Code & Daytime Telephone Number) | |
| Enclos | d is a check for the following amount: | |
| \$25 | Of Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy | |
| | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | |

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZAP E | M, LLC | |
|--|---|--------------------------------------|
| (Name of the Limited L (A F | iability Company as it now appears or lorida Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited Liab | oility Company were filed on $\frac{2}{3}$ | 28/08 and Resigned E |
| Florida document number <u>L08000</u> | 21362 | TELEBANIE IS |
| This amendment is submitted to amend the follow | ring: | OF STATE |
| A. If amending name, enter the new name of t | he limited liability company here: | Bu. |
| | | |
| The new name must be distinguishable and end with "L.L.C." B. If amending the registered agent and/or | registered office address on our | |
| registered agent and/or the new registered office | ce address here: | |
| (y ' | | |
| Name of New Registered Agent: | Lori S. | Culve |
| New Registered Office Address: | . 337 Chil | Ca 6 W Court Florida street address) |
| e Strike in the second | Jackson/11/e | , Florida 32259 (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:

MGR = Manager

| MGKM = M | anaging Member | | |
|--------------|--|--|------------------|
| Title | <u>Name</u> | Address | Type of Action |
| MGMR | tracy D Coleman | 215 Grenfield Dr Jacksmylle Fla 32259 | Add Remove |
| <u>ngmr</u> | Lori S. Culver | 337 Chicasam Court Jacksonville Fla 3222 | Add A☐ Remove |
| | - | | SECONO 15 |
| | · | | A III |
| | · | | Add |
| | | | Remove |
| | - | | Add Remove |
| D. If amendi | ng any other information, enter change | e(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | _ |
| | · | | - |
| Dated | may // ,200 | · · · · · · · · · · · · · · · · · · · | - , |
| - | Signature of a member | or authorized representative of a member | |
| - | Lori | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00