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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Addless) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| , | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------------|---|
| SUBJ | |
| | (Name of Limited Liability Company) |
| | |
| The en | osed Articles of Amendment and fee(s) are submitted for filing. |
| Please | turn all correspondence concerning this matter to the following: |
| | JUAN C. ZAMORA (Name of Person) |
| | (Name of Person) |
| | Zono LLC |
| | (Firm/Company) |
| | 1511 NW 125 AV # 8104 (Address) |
| | · |
| | SUNPISE FL 33323 (City/State and Zip Code) |
| | (City/State and Zip Code) |
| For fu | er information concerning this matter, please call: |
| 1 | (Name of Person) at (SY) 798-7179 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclos | is a check for the following amount: |
| X \$25 | O Filing Fee \$\infty\$\$ \$30.00 Filing Fee & \$\infty\$\$ \$\$ \$55.00 Filing Fee & \$\infty\$\$\$ \$\$ \$60.00 Filing Fee, |
| | Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |

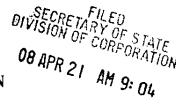
MAILING ADDRESS:

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



| (Name of the Limited Liability (A Florida | y Company as it now appear. Limited Liability Company) | s on our records.) |
|--|---|--|
| The Articles of Organization for this Limited Liability Colorida document number L080000358 | Company were filed on App | Rich 1 2008. and assigned |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the lim | nited liability company here | <u>e</u> : |
| The new name must be distinguishable and end with the wo'L.L.C." | ords "Limited Liability Compar | ny," the designation "LLC" or the abbreviation |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | our records, enter the name of the new |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | (En | ter Florida street address) |
| | | , Florida |
| | / (City) | (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

MGRM = Managing Member Title . Name Address Type of Action MGR ALBERTO ZAMORA
MGR JUNI P ZAMORA ISTINUTES AV BG & Add Remove Add 🗌 Remove □Add Remove \square Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ASTOMAS Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00