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(City/State/Zip/Phone #)			
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**EXAMINER** 



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08 DEC -8 PM 2: 58

SECRETARY OF STATE OF

## **COVER LETTER**

TO: Registration Solvision of Con					
SUBJECT: ZIK-ZC	K INTERNATIONAL	LLC	<b></b>		
		ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	NICOLE J KARNI				
(Name of Person)					
	ZIK-ZOK INTERNATION	IAL LLC			
		(Firm/Company)			
	4958 SHERIDAN STREE	ET			
		(Address)			
HOLLYWOOD, FLORIDA 33021					
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:			
NICOLE KARNI		at (_954) 850-1446			
(Name	of Person)	(Area Code & Daytime T	`elephone Number)		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT SECRETARY OF STATE TO ARTICLES OF ORGANIZATION 08 DEC -8 PM 2: 58 OF

## THE RENOVATION KINGS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/20/2008 and assigned Florida document number <u>L08000060767</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZIK-ZOK INTERNATIONAL LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 4958 SHERIDAN STREET HOLLYWOOD, FLORIDA 33021 (Principal office address MUST BE A STREET ADDRESS) **4958 SHERIDAN STREET** Enter new mailing address, if applicable: HOLLYWOOD, FLORIDA 33021 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
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Dated DECE	EMBER 3, 2008	<u>.</u>	
	- micon La	Revie	
		er or authorized representative of a member	
	NICOLE J KARNI Type	ed or printed name of signee	

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Filing Fee: \$25.00