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SECRETARY OF STATE SALVANIASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co		•				
SURII							
SUDJ	SUBJECT: Zoom Business Broker.com, LLC Name of Limited Liability Company						
		Amendment and fee(s) are sub	_				
	Manyon Miller						
			Name of Person				
Zoom Business Broker.com, LLC							
Firm/Company							
			21111 Via Ventura				
			Address				
Boca Raton, Florida 33433							
			City/State and Zip Code				
E-mail address: (mzbb42@gmail.com to be used for future annual report n	otification)			
For fu	rther information	concerning this matter, please c	•	·			
		. Tony Miller	at (561)	251-4550 time Telephone Number			
	Hame	or reison	Area code & Day	une receptore runder			
Enclos	sed is a check for t	the following amount:					
□\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAII	ING ADDRESS:	STREET/COU	URIER ADDRESS:			

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zoom Business Broker.com, LLC
(Name of the Limited Liability Company as it now appears on our records.)

FILED

10 APR -5 PM 3: 53

SECRLTARY OF STATE
TALLAHASSEE, FLORIDA

(A Fiorida Limited I	Chaothly Company)	
The Articles of Organization for this Limited Liability Company Florida document number L08000065057	were filed on June 3, 2008 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
Zoom e Traffi	c.com, LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	21111 Via Ventura	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33433	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u></u>	, Florida	
	City Zin 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
		-	Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			Domaila
<u></u>			Add Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional sh	neets, if necessary.)
_			TO APR
_			SSS -5
Dated	March 31		PM 3: 53 OF STATE E, FLORIDA
	Signature	y- Tong meles	
	Signati	re of a member of authorized representative of a G. Tony Miller	HIGHIDEF
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00