108000076882

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	. NATHANIE	L ZINNO REALTY LLC		
SOBJECT	•	Name of Lim	ited Liability Company	A MANUFACTURE OF THE PROPERTY
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspor	dence concerning this matter	to the following:	
		NATHANIEL ZINNO		
			Name of Person	
		NATHANIEL ZINNO LL	С	
			Firm/Company	
		2652 TAMERA CT		
		,	Address	
		APOPKA, FL 32712		
			City/State and Zip Code	
		NZINNO@AOL.COM		
			to be used for future annual report notif	ication)
For further	information co	neerning this matter, please ea	nll:	
NATHANI	IEL ZINNO		407 951-2050 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	e 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:

TO:

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



January 6, 2016

NATHANIEL ZINNO 2652 TAMERA CT

SUBJECT: NATHANIEL ZINNO REALTY LLC

Ref. Number: L08000076882

We have received your document for NATHANIEL ZINNO REALTY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

LLC MUST BE ACTIVE TO BE ELIGIBLE TO FILE AMENDMENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 216A00000309

Yasemin Y Sulker Regulatory Specialist II ,

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/11/2008 and assigned
Florida document number L08000076882	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
NATHANIEL ZINNO LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2652 TAMERA CT
(Principal office address MUST BE A STREET ADDRESS)	APOPKA. FL 32712
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	JA A
	\$5.5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the r
registered agent and/or the new registered office address her	
N. C. C. C. C. C.	2
Name of New Registered Agent:	: , « ELW
New Registered Office Address:	
	Enter 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHERYL ZINNO	2652 TAMERA CT	□ Add
		APOPKA, FL 32712	■ Remove
			☐ Change
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable st	(opt of filing or more than 90 days aften atutory filing requirements, th	i ional) er filing.) Pursuant to 605 iis date will not be liste	.0207 ed as
e record specifies a delayed The 90th day after the reco		effective time, at 12:01	a.m. on the earlie	er of
	2015			
ated	·/			
ated	signature of a member or authorized	12		

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Filing Fee: \$25.00