L09000014872

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

JAN = 9 2014

T. BROWN

COVER LETTER

TO: Registration Se		₹ ,	4
Division of Cor	porations	:. #	Sp. g.
SUBJECT:	oe Love Hole		·
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	~		
	Christie	Phemister	
		Name of Person	
		Firm/Company	
	331 Utah	Ave	
		Address	
	End Lad	erdale FL 33312	
	Laude	City/State and Zip Code	
•	Zoeloveheldi E-mail address: (1	nas@aol.com to bused for future annual report notificat	ion)
For further information co	oncerning this matter, please ca	all:	
Christie	Phemister	at (<u>954</u>) <u>756 - 5</u> Area Code Daytime Te	198
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
7 \$25.00 Fining 100	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zoe Love Holdings LLC

company has been notified in writing of this change.

(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 Compani	ny were filed on 8/4/2009	and assigned
Florida document number L09000074872		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the do	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the nev
registered agent and/of the new registered office address no		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Fludiess.	Enter Florida street address	
	, F	Ilorida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as	te performance of my duties, a	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = 'Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** Kenneth Moore 331 Utah Ave **AMBR** Fort Lauderdale, FL 33312

D. 'If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	· · ·	
	tive date, if other than the date of filing:	3)(b)
Dated	Dec. 28th . 2013.	
	Christie Phemister	
	Signature of a member or authorized representative of a member	_
	Christie Phemister	
	Typed or printed name of signee	_

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Filing Fee: \$25.00