L09000075731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 16 2015

S MASON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Zam HHS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Popy Mazza
Name of Person

Zam HHS, LLC
Firm/Company

10402 Tecoma Dr
Address

Trinity, FL 34655
City/State and Zip Code

peepo@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Popy Mazza at (727) 372-3918
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for 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

TO
ARTICLES OF ORGANIZATION
OF

Zam HHS 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 8/6/09 and assigned Florida document number L09000075731

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10402 Tecoma Drive
Trinity, FL 34655

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10402 Tecoma Drive
Trinity, FL 34655

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: Popy Mazza

New Registered Office Address: 10402 Tecoma Drive
Enter Florida street address

Trinity, **Florida** 34655
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.

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If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Jason Mazza	10402 Tecoma Dr	☐ Add
		Trinity, FL 34655	☐ Remove
			☒ Change
MGR	Popy Mazza	10402 Tecoma DR	☐ Add
		Trinity, FL 34655	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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E. Effective date, if other than the date of filing: September 1, 2015 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 11, 2015.

Popy Mazza

Signature of a member or authorized representative of a member

Popy Mazza

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00