L09000083325

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EXAMINER

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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Sar	ndcastle Two 1007,			
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Christopher A.	Roche, Esquire Name of Person		
	Law Office of	Christopher A. Roche		
		Firm/Company	······································	
	229 N. Collie	Boulevard	2009 (TALL	
		Address	AF C	11
	Marco Island,		2009 DEC 31 PM SECRETARY OF TALLAHASSEE.F	
		City/State and Zip Code		
	croche@marcoca			_
	E-mail address: (to be used for future annual report notifica	(ion) RICE 29	
For further information	on concerning this matter, please of	call:	₽	
	A. Roche, Esquire			
Nan	ne of Person	Area Code & Daytime T	Celephone Number	
Enclosed is a check for	or 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reco	rds.)
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 27,	, 2009 and assigned
Florida document number <u>L0900083325</u> .		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	ZIO DEC 3 SECRETAI TALLAHAS
MS & IC, LLC		ري. - بري.
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the desig	nation "LICE or the abbre viation"
Enter new principal offices address, if applicable:	1655 Ludlow Road	~~~ ~~~
(Principal office address MUST BE A STREET ADDRESS)	Marco Island, FL	34145
Enter new mailing address, if applicable:	1655 Ludlow Road	
(Mailing address MAY BE A POST OFFICE BOX) Marco Island, FL 341		34145
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	Flo	orida
	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 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 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David K. Ford	194 Corner Ridge Road Aurora, Ontario, L4G 6 Canada	☐ Add 5L5 X Remove
MGR	Samy Shlomo Mamar	1655 Ludlow Road Marco Island, FL 34145	Add ☐ Remove
MGR	Issac Armand Chet	Ramuz 85, 1009 Pully, Switzerland	Add Remove
MGR	Christopher A. Ro Esquire	Marco Island, FL 3414!	
			Add Remove LICKE FOR AGS
D. If ar	mending any other information, en	ter change(s) here: (Attach additional sheets, if ne	PH 2: 29

Dated _	December 30	h 6. Prolu	
	Chris h	f a member or authorized representative of a member A	

Page 2 of 2

Filing Fee: \$25.00