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SECRETARY OF STATE

J. BRYAN

OCT 15 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJECT: ZEGOSYS LLC					
ССВ			ited Liability Company		
The en	nclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspon	dence concerning this matte	r to the following:		
		А	UGUST C MAYORG	A	_
			Name of Person		
		AC MAYORGA & COMPANY LLP		_	
_			Firm/Company		
		243 W	243 W KENNEDY BLVD, SUITE C		
	Address ORLANDO, FL 32810				
)		
		City/State and Zip Code		09 SE	
		ACMAYORGA	A@ACCOUNTANTS((to be used for future annual re	ONSITE.COM	CAR OF THE
		E-mail address:	(to be used for future annual re	port notification)	WAR E
For fu	rther information co	ncerning this matter, please	call:		TIL MID
	AUGUS	T C MAYORGA	at (407)	629-8696	\sim -
	Name of	Person	Area Code d	& Daytime Telephone Numb	ATE ATE
Enclos	sed is a check for the	e following amount:			
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed) Certifie	iling Fee, ate of Status & d Copy onal copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division on Clifton Bu	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ZEGOSYS LLC		影響「「
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	FE, FLORING assigned
The Articles of Organization for this Limited Li	• •	09/25/2009	and assigned
Florida document numberL09000093			₹.9
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Compa	nny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street a	ddress
		, Florida _	
	City	, , 2.0.100 _	7in Coda

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 **Title Address** Type of Action Name 1 DAVID K SHERWOOD MGF · 2829 N MORGAN STREET _☑ Add Remove TAMPA FL 33602 ☐ Add Remove ☐ Add Remove ☐ Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBRE 25 2009 Dated _ Signature of a member or authorized representative of a member RYAN J ZENKER

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee