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2010 SEP 13 PM 12: 4.

C. LEWIS

SEP 1 4 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			gge				
SUBJECT:	GZ	ZK 2, LLC					
<u></u>	Name of Limited Liability Company						
			•				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	(Oscar Grisales-Racini					
		Name of Person					
		01 1 5 1154					
	Osc	car Grisales-Racini P.A. Firm/Company					
2999 NE 191 St PH 8							
		Address					
	A\	ventura, Florida 33180					
		City/State and Zip Code					
	E-mail address: (i	rdo.lorena@gmail.com to be used for future annual report noti	lication)				
For further information co	ncerning this matter, please c	all:					
Lor	ona Pardo	205	792-4911				
Lorena Pardo Name of Person		at (305) 792-4911 Area Code & Daytime Telephone Number					
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION P OF

FILED

20.10 SEP 13 PM 图: 48

(Name of the Limited I	GZK 2, LLC	SECRET	ARY OF STALE SSEE!FLORIDA	
(A I	GZK 2, LLC iability Company as it now appears o Plorida Limited Liability Company)	n our recorus.)		
The Articles of Organization for this Limited Lia			and assigned	
Florida document numberL100000100	<u>)48 </u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,	" the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
		· <u> </u>		
Enter new mailing address, if applicable:			- 	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		· · ·	
				
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter t	the name of the new	
Name of New Registered Agent:	Oscar Grisales-Racini	1		
New Registered Office Address:	2999 NE 191 St PH 8			
	Enter Florida street address			
	Aventura	, Florida	33180	
	City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 408, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

$\mathbf{MGR} = \mathbf{M}\mathbf{S}$ $\mathbf{MGRM} = \mathbf{M}$	anager Managing Mem	ber		ø	
<u>Title</u>	Name		Address		Type of Action
					Add Remove
					Add Remove
					Add Remove
					Add Remove
					Add Remove
					Add Remove
D. If amen	ding any other	information, enter change	e(s) here: (Attach additional she	ets, if necessary.)	_
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		Typed o	or printed name of signee	,	

Page 2 of 2

Filing Fee: \$25.00