10000037046

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T. HAMPTON

MAY +@ 2011

EXAMINER

COVER LETTER

Division of Co	orporations					
SUBJECT:	ZOF	PPAS, LLC				
3000DC1.		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	JO	SE D. ENRIQUEZ, JR.	·			
	Name of Person					
	OPTIMUM TAX SERVICES, INC.					
	Firm/Company					
	3081 SW 156TH. AVENUE					
	Address					
	MIAMI, FLORIDA 33185					
•	City/State and Zip Code					
<i>i</i>	JENRIQUEZ@OPTIMUMTAXSITE.COM E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please c	all:				
JOSE D). ENRIQUEZ, JR.	at (305)	248-8080			
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:

TO:

Registration Section

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

ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

OF

11 MAY -9 PM 1:57

SECRETARY OF STATE

Z	OPPAS, LLC	-		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability (Company were filed on	APRIL 06, 2010	and assigned	
Florida document number L10000037046	 ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company h	ere:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:			<u></u>	
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 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>:

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address ZOPPAS S. R. L. MGRM **✓** Add VIA MONTELLO 6 CAP MONTEBELLUNA, TREVISO Remove JTALY 31044 PAOLO COLOGNESE MGR **VIA BELDEVERE 14 ✓** Add Remove MONTEBELLUNA, TREVISO ITALY 31044 MGR LUCA PASTURINI 90 ALTON ROAD, STE 2506 ✓ Add Remove MIAMI BEACH, FL 33139 Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LUCA PASTURINI Typed or printed name of signee

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Filing Fee: \$25.00