L1000061965

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | NOS | |

Office Use Only



500272962305

08/26/15--01012--002 **25.00

NECRETARY OF STATE ALLAHASSI F FLORINA

2015 AUG 25 A 10: 44

AUG 26 2015

8 MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2015

1

GEORGE C. DAHL 12250 MENTA STREET, SUITE 105 ORLANDO, FL 32837

SUBJECT: REAL ZUM LLC Ref. Number: L10000067965

We have received your document for REAL ZUM LLC and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 015A00017053

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| REAL Z SUBJECT: | UM LLC |
|-------------------------|--|
| | Name of Limited Liability Company |
| he enclosed Articles | of Amendment and fee(s) are submitted for filing. |
| Please return all corre | spondence concerning this matter to the following: |
| | GEORGE C DAHL |
| | Name of Person |
| | Firm/Company |
| | 12250 MENTA STREERT SUITE # 105 |
| | Address |
| | ORLANDO, FL 32837 |
| | City/State and Zip Code RGBOOKKEEPING@AOL.COM |
| | E-mail address: (to be used for future annual report notification) |
| For further informatio | n concerning this matter, please call: |
| GEORGE C DAHL | 407 582-9011 at () |
| Nam | e of Person Area Code Daytime Telephone Number |

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REAL ZUM LLC | | |
|---|--|--------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | iny as it now appears on our Liability Company) | records.) |
| he Articles of Organization for this Limited Liability Company | were filed on $\frac{06/25/2010}{1}$ | and assigned |
| lorida document number L10000067965 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company " the decimation | " " I C" or the observation " I C" |
| - | 3913 GARDEN PLAZA | |
| nter new principal offices address, if applicable: | ORLANDO, FL 32837 | WAT SUITE 103 |
| Principal office address MUST BE A STREET ADDRESS) | ORLANDO, 11, 32837 | , <u></u> |
| 'nton now we'lling address if anyliable. | 12250 MENTA STREE | T SUITE 105 |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | ORLANDO, FL 32837 | |
| Tutang address MAT DE ATOST OFFICE DOX) | | |
| . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent: | | ecords, <u>enter the name of the</u> |
| New Registered Office Address: | | |
| | Enter Florida street | t 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 Lam 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|-----------------------|----------------|
| PCEO | GEORGE C DAHL | 3913 GARDEN PLAZA WAY | |
| | | APT# 5913 | □ Remove |
| | | ORLANDO, FL 32837 | ■ Change |
| MGR | OSCAR MEDINA | 3913 GARDEN PLAZA WAY | _ □ Add |
| | | АРГ # 5913 | ☐ Remove |
| | | ORLANDO, FL 32837 | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | A COS | 3 25 |
| | | FLOR D | T D commen |
| | | | ☐ Remove |

| | • • | | | • | í | | | | | | |
|-------------|---|-------------------------------|-------------|-------------------------|---------------|--------------|-----------|-----------|----------|-----------|-----------------------------|
| | | • | | | | | - | | | | |
| | | | | | | | <u>.</u> | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | - | | | | | | | |
| | | | | | | | | | | | |
| fecti If | date, if other than we date is listed, the date the date inserted in th | e must be spe is block doe | cific and o | cannot be preet the app | licable statu | | | lays afte | | .) Pursua | |
| | 's effective date on th | | | | | | • | | | | |
| | | | | | | | | | | | |
| | d specifies a dela Oth day after the | | | ite, but i | not an eff | ective tir | ne, at 1 | 2:01 | a.m. | on th | e earlie |
| | AUGUST 03 | | | 2015 | | | | | | | |
| | | | , | | · | | | | ĽΩ | 21115 | |
| | | | \sim | | , | | | | : (c) | | |
| | | / | /// | | 0/21 | 2 | | | 77.70 | | u p |
| | | Signate | fre of a m | ember or au | thorized repr | esentative o | f a membe | <u></u> г | 1.4.1 | <u> </u> | Lecture comments n is |
| | | Signate | | ember or au | | esentative o | f a membe | r | | AUG 25 | |

Page 3 of 3

Filing Fee: \$25.00