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EXAMINER



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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

COVER LETTER

TO;	Registration Section Division of Corpora				
SUBJE	CT:	ZB COM	MERCE, LLC		
		Name of Limit	ed Liability Company		
The end	closed Anicles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please 1	return all corresponden	ce concerning this matter t	to the following:		
	·. <u>·.</u>	RON	IALD A. MUSCAREL	LA	
			Name of Person		
		RONAL	D A. MUSCARELLA	, CPA	
			Firm/Company		•
		1700 EAST	LAS OLAS BLVD S	SUITE 207	
	_		Address		
		FT LA	AUDERDALE, FL 33	301	
			City/State and Zip Code		•
		RMUSC	CPA@BELLSOUTH be used for future annual rep	I.NET	
For furt	her information concer	ning this matter, please ca	•	ort nouncation)	
		SCARELLA, CPA	at (_954_)	746-7801	
	Name of Pers	on	Area Code &	Daytime Telephone Numbe	r
Enclose	ed is a check for the fol	lowing amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	ite of Status &

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

ZB COMME	RCE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000083439	were filed on	8/10/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :	
The new name must be distinguishable and end with the words "Lim: "L.L.C."	ited Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	2637 E ATLA	NTIC BLVD SUITE	15133
(Principal office address MUST BE A STREET ADDRESS)	POMPANO E	BEACH, FL 33062	
Enter new mailing address, if applicable:	2637 E ATLA	NTIC BLVD SUITE	
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO E	BEACH, FL 33062	HII: 23
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter the	e name of the new
registered agent and/of the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Florida street address		
		, Florida	Zin 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>	Address	Type of Action
MGRM	ZALMEN BERKOWITZ	2637 E ATLANTIC BLVD, STE 15133 POMPANO BEACH, EL 33062	Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
attantarian.			_ _ _
			-
Dated	-ze- Refort	·	-
_	ZALM	or authorized representative of a member	
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00