## 210000085471

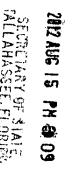
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT					
AUG 1 3 2011					
EXAMINER					

Office Use Only



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## **COVER LETTER**

10:	Registration S Division of Co				
SUBJECT: Z. Solo LLC					
Name of Limited Liability Company					
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		Jozier St Fleur			
			Name of Person		
Z. Solo LLC					
			Firm/Company		<del>,,,</del>
			7945 Rex Hill Trl		ZHY AUC 15 SECRETARY
			Address		AHA .
	Orlando/ Florida 32818				AR OF
		City/State and Zip Code			ARY OF STATE SEEE, FLORIDGE
		E mail addraga.	to be used for future annual report not	fication	TORN STA
For fur	ther information	concerning this matter, please of	•	neation	<b>第</b> 8
	Jo	ozier St Fleur	at (_407_)	967-7855 ne Telephone Number	
	Name	of Person	Area Code & Daytir	ne Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 3ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations 'enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z.	Solo LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	08/16/2010	and assigned	
Florida document numberL10000085471				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LI	LC" or the abbreviation	
Enter new principal offices address, if applicable:			7 (s) <b>2</b>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		TO STATE OF THE ST	
			1) 120	
		ָרָי רַיּ	S 5	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	1940 1940 1940		
		- FF	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address		r records, <u>enter th</u>	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 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 Type of Action** <u>Name</u> **Address** MGRM ZOZIER ST FLEUR 7945 REX HILL TRL ☐ Add ORLANDO, FL 32818 Remove JOZIER ST FLEUR MGRM 7945 REX HILL TRL ✓ Add ORLANDO, FL 32818 Remove ☐ Add ☐ Remove Add Remove MAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member JOZIER ST FLEUR

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00