L10000098420

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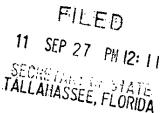
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SECRETARY OF STATE
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COVER LETTER

10:	Registration Se Division of Cor				
SUBJECT: Zero Confines, LLC					
30131	Name of Limited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Elton Rivas Name of Person			
	Zero Confines, LLC Firm/Company				
13364 Beach Blvd. #221 Address					
	Jacksonville, FL 32224 City/State and Zip Code				
	erivas@zeroconfines.com E-mail address: (to be used for future annual report notification)				
For fur	ther information o	e-mail address: () oncerning this matter, please o	•	ication	
	5	Elton Rivas	004	254 7004	
	· · · · · · · · · · · · · · · · · · ·	f Person	at (904) Area Code & Daytim	254-7004 e Telephone Number	
Enclos	ed is a check for the	ne following amount:			
₽\$ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zero Confines, LLC		OA
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compan	pears on our records.)	
(/s Frontae Elithica Elithing Company	()	
The Articles of Organization for this Limited Liability Company were filed on _	09/21/2010	_ and assigned
Florida document number L10000098420		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Con"L.L.C."	mpany," the designation "LLG	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u></u>		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here:	n our records, <u>enter the</u>	name of the new
Name of New Registered Agent:		
New Registered Office Address:	W . 71 . 1	
	Enter Florida street addres	es .
	, Florida	
City		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

Title Name <u>Address</u> **Type of Action** MGRM Elton Rivas 13364 Beach Blvd. ✓ Add #221 Remove Jacksonville, FL 32224 MGRM Maxwell Leaver 2800 Quebec St. NW #1236 ✓ Add Wasghinton, DC 2008 Remove MGRM Christopher Wirth 38760 Crane Terrace ✓ Add Fremont, CA 94536 Remove _ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 4 2011 Dated_ Signature of a member of authorized representative of a member Elton Rivas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00