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	(Requestor's Name)				
	(Address)				
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	(City/State/Zip/Phone #)				
PICK-UF	P WAIT M	AIL			
	(Business Entity Name)				
(Document Number)					
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TODEC 17 PH 12: 44,
SECRLIARY OF STATE.

B. BOSTICK
DEC 2 0 2010
EXAMINER

COVER LETTER

TO: , Régistration : Division of C		•	•			
SUBJECT:	Zerbe E	interprises, LLC				
Sobolect.		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
		Douglas Zerbe				
		Name of Person				
	7	erbe Enterprises, LLC		Σí		
		Firm/Company		Ę. A	0 0	
				SYH.	10 DEC 17	
	206	55 Longleaf Pine Avenue Address		SEE.		1
		Addiess			РΗ	J
•		Tampa, FL 33647		STAT	PH 12: 44	
	-	City/State and Zip Code		IDA A	_	
		dzerbe4@verizon.net (to be used for future annual report notifica				
For further information	concerning this matter, please	,	uion)			
	φ ,					
	Doug Zerbe	a. (07-1992			
Name	of Person	Area Code & Daytime	relephone 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 Fili Certificat Certified (addition	te of Star Copy		osed)
Regis	LING ADDRESS: stration Section	STREET/COURIED Registration Section				
Division of Corporations		Division of Corporat	ions			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zerbe	Enterprises, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	10-18-2010	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
		i At	<u> </u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>		
			S P M
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			ATE .
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title Name Address MGRM Valinda Bronte-Zerbe 20655 Longleaf Pine Avenue Tampa, FL 33647 √ Remove Valinda Bronte-Zerbe VP ✓ Add 20655 Longleaf Pine Avenue Remove Tampa, FL 33647 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 14 2010 Dated_ Signature of amember or authorized representative of a member Douglas Zerbe Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00