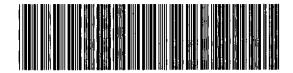
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J. SAULSBERRY EXAMINER

JUL 13 2011

## **COVER LETTER**

TO: Registration Division of C			<u>.</u>		
SUBJECT: LO	cio Zahoul	Realty, LLC ited Liability Company			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
	Kathy	Ort: Z  Name of Person			
	Law Offices	of Kravitz : Gue	rra P.A.		٠
				78 × 28	
	800 Bricke	Address # 701		OII JUL II AM 9: 18 SEGRETARY OF STATE ALLAHASSEE, FLORIO	П
				ASS -	-
	Miami Flo	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	· .	Y OF	
		City/state and Zip Code		118 718 718	
	E-mail address:	to be used for future annual report notifica	tion)	REFE CO	
For further information	concerning this matter, please of		,	<b>D</b>	
)Cat	y Ortiz	at (305) 372 - 06  Area Code & Daytime 7	122		
Name	e of Person	Area Code & Daytime	Telephone 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)	Certified (	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

Lucio Zat	roul Kealty, LL	)	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now/appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number		26, 2-0/0 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	: 	ZOII SEE	
Principal office address MUST BE A STREET A	DDRESS)	AR E !	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	0.	L AM 9: 18 SSEE, FLORIDA	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	n . el		
	Enter Florida street address		
	City	, Florida 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 <u>Title</u> Name Address **Type of Action** Melissa J. Dun. 200 Brickell Avenue MGR Remove Remove ☐ Remove Add 🗌 Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member UCIO Z Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00