

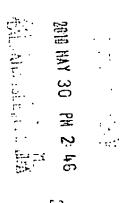
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COVER LETTER

TO: Registration S Division of Co			
ZDC Prop	erties, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter	_	
	Melissa Munchick, Esq.		
	•	Name of Person	
	Kurkin Forehand Brandes	LLP	
		Firm/Company	
	18851 NE 29th Avenue, S	uite 303	
	-	Address	
	Aventura, FL 33180		
	mmunchick@kfb-law.com	City/State and Zip Code	· · ·
	-	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Melissa Munchick		305 929-8504	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZDC Properties, LLC			
(Name of the Lim	ited Liability Company : (A Florida Limited Liab	as it now appears on our records.) oility Company)	1
The Articles of Organization for this Limited I	Liability Company we	ere filed on 01/03/2011	and assigned
Florida document number L11000000846	,		_
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _	<u> </u>	-
Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
			 F
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u> </u>)
			ć ;".
	_		
3. If amending the registered agent and		e address on our records,	
egistered agent and/or the new registered (office address here:		C7 C3
Name of New Registered Agent:	Melissa Munchick	. Esq.	
New Registered Office Address:	18851 NE 29th Av	enue, Suite 303	
		Enter Florida street address	
	Aventura	Flor	ida ³³¹⁸⁰
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ellen Channing	18381 Long Lake Drive	
		Boca Raton, FL 33496	Remove
			□ Change
MGR	Zachary Channing	18351 Long Lake Drive	
		Boca Raton, FL 33496	☐ Remove
		(chg fr MGRM to MGR)	■ Change
			
			Remove
			Remove-
			Change
			D^Add
			□ Remove
			_ □ Change
			Remove

fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. May 30, 2018 Signature of a member or authorized representative of a member			
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Signature of a member or authorized representative of a member	The 90th day after the record is filed.	<u> </u>	
Signature of a member or authorized representative of a member	May 20, 2019		
	Dated		
	- Man		
	Signature of a member or authorized representative of a member		
ADORDON I DOMENTO			
Typed or printed name of signee	Zachary Channing		

Page 3 of 3

Filing Fee: \$25.00