11.0000034/

(Requestor's Name)
(Address)
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(all of the state
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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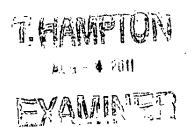
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OIVISION OF CORPORATIONS



COVER LETTER

Division of Co	orporations		•				
SUBJECT:	ZU	ZUG AVI LLc					
JOINECT.		ted Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		PAUL McPHERSON					
		Name of Person					
	ZUG AVI LLc						
		Firm/Company					
	7773 GRANDE STREET						
	Address						
	FORT LAUDERDALE FL 33351						
E-mail address: (to be used for future annual report notification)							
For further information	concerning this matter, please o	all:					
	L McPHERSON	at (·)	830321				
Name	of Person	Area Code & Daytime T	elephone 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 AUG -3 AM (D: 29

	ZUG A				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Li	iability Company	were filed on	1/18/2011	and assigned	
Florida document number L11000007	7341				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company her	œ:		
	N/A	\			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applic	120 COMMODORE DRIVE				
(Principal office address MUST BE A STREET ADDRESS)		STE 616			
		PLANTATIO	N FL 33325		
Enter new mailing address, if applicable:		P.O. BOX 16	102		
(Mailing address MAY BE A POST OFFICE)	PLANTATION FL 33325				
B. If amending the registered agent and/			our records, <u>enter t</u>	he name of the new	
registered agent and/or the new registered of	fice address her	<u>e</u> :			
Name of New Registered Agent:	FRANK LAWRENCE				
New Registered Office Address:	120 COMMODORE DRIVE STE616				
- 		En	ter Florida street add	ress	
	PL	ANTATION	, Florida	33325	
				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 Name Address **MGRM** FRANK LAWRENCE 120 COMMODORE DRIVE ✓ Add Remove STE 616 PLANTATION FL 33325 MGRM PAUL McPHERSON 7264 W. OAKLAND PARK BLVD ☐ Add FORT LAUDERDALE FL 33313 ✓ Remove ☐ Add □ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or authorized representative of a member PAUL McPHERSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00