(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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J. SAULSBERRY EXAMINER

MAY 9 2012

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>Ze</u>	enny Anto T	aler IIC	
	Name of Limit	ted Liability Company	
	,		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Lonis	Gachelin Name of Person	
	· .	Firm/Company	
•	20444 N	W J. Ave.	
	Miam	Gardens 12 33/6 City/State and Zip/Code	69 7 17 17 17 17 17 17 17 17 17 17 17 17 1
		o be used for future annual report notification	CRETAR -1
For further information	concerning this matter, please ca	all:	
Janis 1-	a achel	at (<u>786)</u> 383-57/	55 4
Name	of Person	Area Code & Daytime Tele	phone Number S
	•		:
Enclosed is a check for	the following amount:		
\$25.00 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)
Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C	5

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kenny And	b Deale.	1/2			
(<u>Name of the Limited Liab</u> (A Flori	<u>ility Company as</u> da Limited Liabili	It now appears on o ty Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number	y Company were	e filed on/	2/1/	and a	ssigned
This amendment is submitted to amend the following	,				
The new name must be distinguishable and end with the "L.L.C."	tals, L	10	he designation	"LLC" or th	e abbreviation
Enter new principal offices address, if applicable:				15° 21	2
(Principal office address MUST BE A STREET AD	DRESS)	. —	h		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				INO I	J U
B. If amending the registered agent and/or re registered agent and/or the new registered office a		address on our re	ecords, enter	,	of the new
Name of New Registered Agent:				·.	
New Registered Office Address:		17:4 17:1	orida street a	ddean	
		Enter Flo	oriaa street a	aaress	
-			, Florida _	7: 0	
	Ci	Ŋ		Zip Co	ае

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	•		Remove
			Add
			Remove
			
<u> </u>			Add Remove
			□D amaya
D. If amend	ding any other information, enter cha		
Dated	May 3	2012	
Dated	1 1	11 ~	•
	Signature of a mem	ber or authorized representative of a men	nber
	Louis Gache	elia	

Page 2 of 2

Filing Fee: \$25.00