

41 000015553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

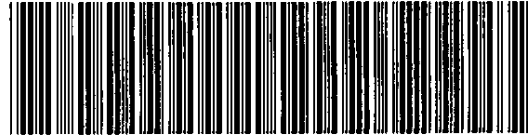
41-15553

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11 OCT 11 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 11 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZASHAAM NATIONAL & INTERNATIONAL INVESTORS LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zasha Patricia Bonycast
Name of Person
Pat Bonycast
Firm/Company
P.O. Box 535
Address
Danbury, CT. 06813
City/State and Zip Code
zashaam@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zasha Patricia B. at (403) 7889788
Name 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) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2011

ZASHA PATRICIA BONCAST
PO BOX 535
DANBURY, CT 06813

SUBJECT: ZASHAAM NATIONAL & INTERNATIONAL INVESTORS, LLC
Ref. Number: L11000015553

We have received your document for ZASHAAM NATIONAL & INTERNATIONAL INVESTORS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (1) of the Amendment form. I am enclosing the form. It is a required page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 811A00021719

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

11 OCT 11 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EASHAAM National & International

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/27/11 and assigned
Florida document number L11000015553

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Name</u>	<u>CHAGE NAME</u>	<u>Type of Action</u>
<u>Lgr</u>	<u>Maria Patricia Bondo</u>	<u>Zasha Patricia BonyCast</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> CHANGE
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

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11 OCT 11 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 9/13/201

Pz BonyCast
Signature of a member or authorized representative of a member

Zasha Patricia BonyCast
Typed or printed name of signee