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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2013

T. W. C. 1001

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZARER, 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:

MIGUEL LULINSKI

Name of Person

FLORIDA MANAGEMENT PROPERTY, LLC

Firm/Company

19300 W DIXIE HWY #4

Address

NORTH MIAMI, FL 33180

City/State and Zip Code

MIGUEL@NBGREALTY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL LULINSKI

Name of Person

305 935-7004

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

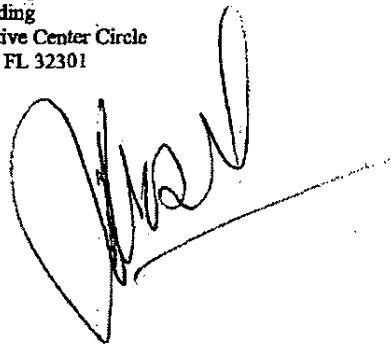
☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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



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2013 OCT 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ZARER, LLC

(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 02/10/2011 and assigned
Florida document number L11000017890

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 "LLC."

Enter new principal offices address, if applicable: 19300 W DIXIE HWY #4
(Principal office address MUST BE A STREET ADDRESS) NORTH MIAMI FL 33180

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:

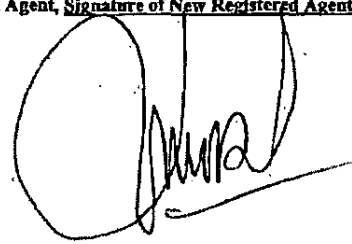
Name of New Registered Agent: _____

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

Title	Name	Address	Type of Action
MGRM	ZARZECKI, ESTHER	19300 W DIXIE HWY #4	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
MGRM	ZARZECKI, MOSHE REUBEN	19300 W DIXIE HWY #4	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[Signature]

[Signature]

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 SECRETARY OF STATE
 OFFICE OF THE
 CLERK OF THE
 SUPREME COURT
 1000 PENNSYLVANIA AVE
 PHILADELPHIA, PA 19107

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

Dated OCTOBER 07, 2013



ZARZECKI, ESTHER

Signature of a member or authorized representative of a member



ZARZECKI, MOSHE REUBEN

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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