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11 MAY 19 AMII: 25
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAY 2 0 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corpo				
SUBJECT:	FIVE S	EVEN ZERO LLC		
		ted Liability Company	· · · ·	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
		•		
	Jon	athan H. Lehman, Esq.		
	•	Name of Person		
The Lehman Firm				SE T
		Firm/Company	, , , , , , , , , , , , , , , , , , ,	器三
PO Box 1437				FILEU SECRETARY OF STATE SECRETARY OF STATE
		Address		四年二
				FLO FLO
	Boca Raton, FL 33429			器 25
		City/State and Zip Code		<del>\</del>
	E-mail address: (t	o be used for future annual report notifica	tion)	
For further information con-	cerning this matter, please c	all:		
	H Lehman Esq.	u(\	50-4586	
Name of Po	erson	Area Code & Daytime T	elephone Number	
Enclosed is a check for the t	following amount:			
	<del>-</del>			n
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Contact (additional of Certified Contact (additional of Certified C	of Status &
	G ADDRESS:	STREET/COURIER Registration Section	R 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

	FIVE SE	VEN ZERO LL	C		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears o Liability Company)	on our records.)		
The Articles of Organization for this Limited Life Florida document number	ability Company	were filed on03	3/01/2011	and assigned  FILED  SECRETARY OF STAN	
This amendment is submitted to amend the following	owing:			器。「田	
A. If amending name, enter the new name of	the limited liab	oility company here:		EE FLOR	
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,	" the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	6531 Park of Commerce Blvd. Suite 180				
(Principal office address MUST BE A STREE	T ADDRESS)	Boca Raton, FL 33487			
Enter new mailing address, if applicable:		PO Box 1437			
Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33429			
B. If amending the registered agent and/oregistered agent and/or the new registered of	•		records, enter th	ne name of the new	
Name of New Registered Agent:	JHL Registe	ered Agent, LLC			
New Registered Office Address:	New Registered Office Address: 6531 Park of Commerce Blvd. Suite 180				
		Enter Florida street address			
B		oca Raton	, Florida	33487	
		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>	Address	Type of Action
MGRM	Jonathan H. Lehman	568 Yamato Rd. Suite 200 Boca Raton, FL 33431	Add✓ Remove
<u>MGRM</u>	Jonathan H. Lehman	6531 Park of Commerce Blvd. Suite 180 Boca Raton, FL 33487	
			Add Remove
			Add Remove
	<del></del>		AddRemove
			Add Remove
D. If amend	ing any other information, ento	r change(s) here: (Attach additional sheets, if neo	ressary.)
			F   HAY   SECRETAI
	May 16	2011	LED  9 AM II: 25  RRY OF STATE SEE, FLORID,
Dated	ividy 10		<b>% Q</b>
	Signature of	member or authorized representative of a member	···
	2	nan H. Lehman, Authorized Agent	
•		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00