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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

" ZAMN PROPERTIES 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:

MUNEER MERCHANT

Name of Person

ZAMN PROPERTIES LLC

Firm/Company

1430 DELANO TRENT STEET

Address

RUSKIN, FL 33570

City/State and Zip Code

zamnproperties@hotmail.com

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

For further information concerning this matter, please call:

MUNEER MERCHANT

,_/941,737-1785

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

SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAMN PROPERTIES 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 Liab Florida document number L11000029765	ility Company	were filed on MAF	ACH 10TH 2011	SECRETARY OF SCALLENHASSEE, FLC
This amendment is submitted to amend the follow	ing:			PH E. FL.
A. If amending name, enter the new name of the	ne limited liabi	ility company here:		FLORIDA 94 5: 26
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ted Liability Company	," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:		18048 JAVA I	SLE DRIVE	
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FLOR	RIDA	
	_	33647		
ter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE BOX)		•	O C/O PO BOX 3 CH, FLORIDA	524
		33572		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	•		r records, enter the	name of the new
New Registered Office Address:	6604 surfside blvd			
-		Enter	r Florida street addres	SS
	Apollo bead	h	, Florida <u>33572</u>	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	istered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> Add Remove TALLAHASSEE, FEORIDA

13 AUG PA PI 5 26 Add Remove Add Remove Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).	ry.)	
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_d 8/24/2013		
The thinks		
Signature of a member or authorized representative of a member		
MUNEER MERCHANT	_ <u>.</u>	Ϋ́
Typed or printed name of signee	2	
Page 3 of 3	AUG 26	HAS
Filing Fee: \$25.00	끃	אנייי ר
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