61000042637

(Re	equestor's Name)	
(At	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP		MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

ZAGA GROUP 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:

BIANCA SAPORITTO

Name of Person

TEAM REAL ESTATE MANAGEMENT, LLC

Firm/Company

2801 NE 208TH TERRACE, SECOND FLOOR

Address

2013 M.S.R AVENTURA, FL 33180 ; ; City/State and Zip Code 27 BIANCA@TEAMREMANAGEMENT.COM E-mail address: (to be used for future annual report notification) 3 For further information concerning this matter, please call: <u>1</u> \sim **BIANCA SAPORITTO** 305 j 454-0915 at (

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

ZAGA GR			_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited 1	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL11000042637	were filed on 04/11/2011	and	l assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
		Ro	20	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," the designation "L	LC" or 1	the abbi	reviation
Enter new principal offices address, if applicable:	14537 SW 5TH STREET		27	4 L (100
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33027			
		···· / ···	12	<u> </u>
			22	
Enter new mailing address, if applicable:	14537 SW 5TH STREET			
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 33027			

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:

New Registered Office Address:	14537 SW 5TH STREET		
	Enter Florida street address		
	PEMBROKE PINES	. Florida	33027
	City	, <u></u>	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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action				
MGRM	GUELPERIN, SEBA	ASTIAN 7350 SW 89TH ST APT 6 MIAMI, FL 33156	i06 Add Remove				
<u>MGRM</u>	ALARCON, IVAN	14537 SW 5TH STREET PEMBROKE PINES, FL 3	✓ Add 13027				
MGRM	CALABRESE, ROD	RIGO 14537 SW 5TH STREET PEMBROKE PINES, FL 3 CHANGE OF ADDRESS	Add Add Add Add Remove Add Add Add Add Add Add Remove				
D. Ifam		enter change(s) here: (Attach additional sheets	s, if necessary.)				
	FOR MGRM - CALABRES						
Dated	MARCH 21	, <u>2013</u> . JAN 2					
	Signatur	re of a member or authorized representative of a mem	iber				
		BIANCA SAPORITTO Typed or printed name of signee					
		Page 2 of 2					
Filing Fee: \$25.00							