

		
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	÷#)
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(Do	cument Number)	
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G. MCLEOD

SEP - 1 2011

EXAMINER



500211303365

08/31/11--01012--005 **25.00

COVER LETTER

Division of Corpo	orations		
SUBJECT:	Ziı	nBiz, LLC	
-		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	bmitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Kevin Donlan	
		Name of Person	
		Firm/Company	
		590 Inlet Drive	
		Address	
			•
	M	arco Island, FL 34145	
	;	City/State and Zip Code	
	kev	indonlan@hotmail.com	
	E-mail address: (i	to be used for future annual report notifica	tion)
For further information con	cerning this matter, please c	all:	
Kev	in Donlan	at (_941) 70	04-3235
Name of P	erson	Area Code & Daytime T	Celephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

	Zinbiz, LLC			
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	04/12/2011	and ass	igned
Florida document number L11000043790				
This amendment is submitted to amend the following		ı		
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	مند مستود در و المراجع بدو و در الساور و المراجع المرا			
(Principal office address MUST BE A STREET AD	DRESS)		¥4cc ≜	
			<u> 港</u> 切 或	
Enter new mailing address, if applicable:			AUG 3	Type .
(Mailing address MAY BE A POST OFFICE BOX)				·3···
				Characteristics.
B. If amending the registered agent and/or reg		our records, enter	the name of	f the nev
Name of New Registered Agent:				
New Registered Office Address:		TTT		
	Enter Florida street address			
	City	, Florida	Zip Code	
	<u>v</u>		-	

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 Type of Action Title <u>Name</u> **Address** MGR Michael Pepin 14707 Castelletto Drive ✓ Add Tampa, FL 33626 Remove Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 25 2011 Signature of a member or authorized representative of a member Kevin Donlan Typed or printed name of signee

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Filing Fee: \$25.00