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SECRETARY OF STATE

ALLAHASSEE FROM

T. Burch SEP 2 3 2008

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

Z Artist Societ	y LLC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records. ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L. 1.1000</u> .+5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Z Z Artistry LLC The new name must be distinguishable and end with the words "Limited L.L.C."	
Enter new principal offices address, if applicable:	mananana ang mananananananananananananananananananan
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	ALLAHASSEE, FLORIDA &: 20 PM 4: 20 PM 4
registered agent and/or the new registered office address here:	
Name of New Registered Agent: New Registered Office Address: 2396 CV	Ira Watkins Mid Pine CT Enter Florida street address Ledo, Florida 32765 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
<u>/</u>			Add
·			Remove
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	cessary.)		
:			
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Dated September 18, 2013			
TWO			
Signature of a member or authorized representative of a member			_
Typed or printed name of signee			
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Page 3 of 3	5 00	13	
Filing Fee: \$25.00			
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