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LU AHASEE, FLORDA

K. SALY EXAMINER AUG 29 2012

COVER LETTER

TO: Registration Section Division of Corp					
SUBJECT: TARRAB PROPERTIES, LLC					
	Name of Limit	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	DANIEL	PA			
		Name of Person			
DANIEL DIAZ DE LA ROCHA, CPA					
Firm/Company .					
290 NW 165 ST., MEZZANINE 100					
		Address			
MIAMI, FL 33169					
		City/State and Zip Code			
DANDELAROCHA@AOL.COM E-mail address: (to be used for future annual report notification)					
For further information cor	ncerning this matter, please ca	all:			
DANIEL DIAZ DE LA ROCHA, CPA Name of Person		at (305_) Area Code & Dayti	949-9155 me 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)		
Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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i≤ nug,	27
ATTAMAS.	AM 11:09 SEE, FLORIDA
	" LORDA

TARRAB 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 Lia	bility Company were filed on	5/3/2011	and assigned
Florida document number L110000520	091		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here	:	
	ZORANI 55, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>		
	-		
B. If amending the registered agent and/or registered agent and/or the new registered offi		ır records, <u>enter (</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street ada	ress
	, Florida		
	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 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 Address **Type of Action** Title Title <u>Name</u> ☐ Add Remove ∏ Add Remove ☐ Add Remove Remove $\prod Add$ Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 23 2012 Dated Signature of a member or authorized representative of a member

Jose Domin 60 CHIRO TARRAB

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00