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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
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(Doc	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to F		

A. LUNT

AUG 29 2011

EXAMINER

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
SUBJECT:	DONMAX	X COMPANY LLC			
SUBJECT:		nited Liability Company			
The enclosed Articles o	. f Amendment and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matter	er to the following:			
		Gregory Bass			
		Name of Person			
	DC	NMAXX COMPANY LLC			
		Firm/Company		T 80	
	33	300 NW 112TH STREET			
		Address		IN AUG 27 SECRETARY ALLAHASSE	-
·		MIAMI FL 33167 US		1700	TITO
		City/State and Zip Code		PH 44 46	
	F-mail address:	bills1233@msn.com (to be used for future annual report notifical	ation)		Sec. 10
For further information	concerning this matter, please		··················		
G	Gregory Bass	at (305) 6	81-0909		
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	:d)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions .er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		OMPANY LLC ny as it now appears of Liability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number L11000068		were filed on FL	06/10/201	1 and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		ZI PE
The new name must be distinguishable and end win "L.L.C."	h the words "Lim	ited Liability Company,	' the designation '	"LEG" or the abbreviation
Enter new principal offices address, if applic	able:	3300 NW 112TH	1 STRÉET	m-c
(Principal office address MUST BE A STREE	TADDRESS)	MIAMI FL 33167	7 US	TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	PO BO A+LAN NY 115	x 273 tie B	EACH
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter	the name of the new
Name of New Registered Agent:	BASS GRE	GORY		
New Registered Office Address:	16461 NE 2	9TH AVENUE		
		Enter	Florida street aa	ldress
	N. N	MAMI BEACH	, Florida _	33160
		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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		Add
	· .		Remove
	·	<u> </u>	
			Remove
			
•			
	· · · · · · · · · · · · · · · · · · ·		= -
			Renfove
			Reprove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets,	
			
		· · · · · · · · · · · · · · · · · · ·	
	Ø 10	Dain 1	
Dated	8/24	2012	
		111	
	Signature of a me	ember or authorized representative of a memb	er .

Page 2 of 2

Filing Fee: \$25.00