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COVER LETTER

Division of Corporations
SUBJECT: ZAKYNTHOS HOLDINGS, 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:
JOHN P. COLLINS ESQ. Name of Person
To H.P. COLLINS, P.A. Firm/Company
5015 S, Florida Aur. Ste. 400 Address
LAKeland FL 33813 City/State and Zip Code
E-mail address: (10 oc used for real, annual report nonnearon)
For further information concerning this matter, please call:
John P. Collins Esq., at (863) 682-8282 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Certificate of Status S25.00 Filing Fee Certificate of Status S25.00 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

ZAKYNTHOS HOLDINGS, LLC

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 982011 and assigned
Florida document number <u>L 11000103076</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	1120 E, KENNEDY BLVD,
(Principal office address MUST BE A STREET ADDRESS)	UNIT 715
•	TAMPA, FL 33602
Enter new mailing address, if applicable:	LINIT 715
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 715
	TAMPA, FL, 3360Z
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	hillAD J. ANDERSON

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 605, 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

E. KENNEDY BIVD. UNIT 715

Enter Florida street address

TAMPA, Florida 33602

	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AR_	Anderson, Ahillp J.	1120 E. KENNEDY BIVD, UNIT 715 TAMPA, FL 3360Z	
n <u>grm</u>	Anderson, Ruthelke E.	4004 Cheverly Dr. 1 LAKeland, FL 33813	Vest □ Add Remove
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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date this document is	filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00