

L11000103243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

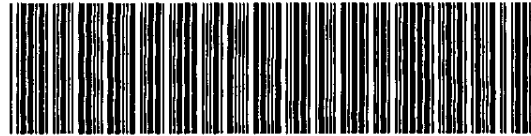
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EXAMINER



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10/31/11--01024--006 **25.00

FILED

11 OCT 31 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Law Offices of
HOWARD J. MILCHMAN, P.A.

9900 West Sample Road
Suite 300
Coral Springs, FL 33065
Telephone (954) 753-8070
Fax (954) 753-9303

October 28, 2011

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

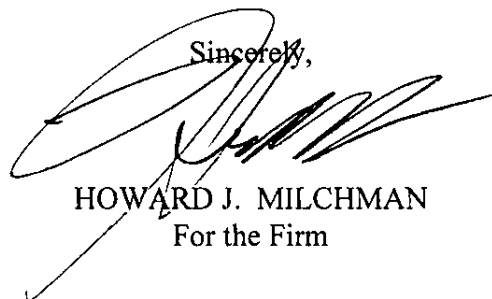
RE: ZACH LLC
Document # L11000103243

To Whom It May Concern:

Enclosed please find the Articles of Amendment to Articles of Organization and the Application for Registration of Fictitious Name.

Should you have any questions or comments, please don't hesitate to contact me.

Sincerely,



HOWARD J. MILCHMAN
For the Firm

HJM/jrb

Enc.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZACH 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 Liability Company were filed on 09/08/11 and assigned
Florida document number L11000103243.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4900 LINTON BLVD. #5

DELRAY BEACH FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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:

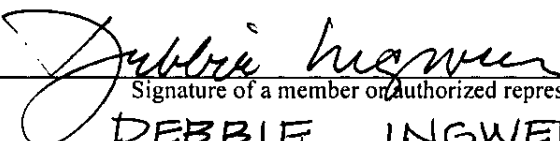
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HOWARD J. MILCHMAN	9900 W. SAMPLE RD #300 CORAL SPRINGS FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DEBBIE DEBRA INGWER	4900 LINTON BLVD #5 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10/20/11, _____.



 Signature of a member or authorized representative of a member
 DEBBIE INGWER

 Typed or printed name of signee