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Phone : (305)935-3500

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZF PEN2, LLC

Certificate of Status	1
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## COVER LETTER

ТО:	Registration Division of C			
SUBJEC	Cr:	ZF PEN2, LLC, a Flo	orida limited liability comp	anv
			nited Liability Company	
The encl	osed Anicles o	of Amendment and fec(s) are so	ubmitted for tilling.	
Please re	itum all corres	condence concerning this matte	er to the following:	
		Me	lissa Sosa, RE Paralegal	·
			Name of Person	<del>-</del>
		Leopold	Korn Leopold & Snyder, P.A.	
			Firm/Compuny	
		2080	1 Biscayne Blvd., Suite 501	
			Aduress	
		· .	Aventura, FL 33180	
		,	City/State and Zip Code	······································
		E-mail address:	zack05@gmail.com	uon)
For furth	er information	concerning this matter, please		
Mel	issa Sosa		At ( 305 ) 935-3500	
	Name	of Person	Area Cade & Dayrime T	elephone Number
Enclosed	is a check for a	the following amount:		
<b>[]\$</b> 25.00	) Filing Fee	Certificate of Status	S55.00 Filing Fee & Centified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussue, FL 32314	STREET/COURTER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circlo

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2011 OCT -5 AM 8: 27

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEUNETARY OF STATE TALLAHASSEE. FLORIDA

(Name of the Limite	LC, a Florida IIM d Dability Company as	ICON NOO	ars on our records.)	<del></del>
	d Liability Company as A Florida Limited Liabil	ty Company	)	
The Articles of Organization for this Limited	Liability Company wen	no balil :	September 14, 20	11 and assigned
Florida document number L1100010	•			
This amendment is submitted to amend the for	llowing:			
A. If amending name, enter the new name	of the limited tiability	сопрацу ју	ere:	
The new name must be distinguishable and end w	rith the words "Limited L	inbility Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of		iddress on	our records, enter (	the name of the new
Name of New Registered Agent:	Zack Feinsilver			
New Registered Office Address: 3301 N.E. 183rd Street, Unit 2701				
		E	nter Florida street add	ress
		ntura	, Florida	
	City	,		Zip Code
New Registered Agent's Signature, if changing	Registored Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	proper and complete p istered agent as provid registered office addr	erformance led for in C	of my duties, and I a Chapter 608, F.S. Or,	m familiar with and if this document is

Page 1 of 2

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 = MGRM	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
		,	
			— n
	_ ,	enter change(s) here: (Attach additional sheets, if ct and should read as follows: Zack Feinsily	
- - Duted	October 4	2011	FILI 2011 OCT -5 SECKETARY TALLAHASSE
	Stanger	Zack Feinsilver  Typed or printed name of signee  Page 2 of 2	AM 8: 27
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