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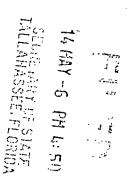
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T. October 123 2014

COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT:	LISA CURTIS L.	MT, ZLC	
	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	LIST C	Name of Person	
	List C	wetis L.M.T., Lo	20
	7531 PACIFI	à HEIGHTS CUC	18
	ORLANDO, F	City/State and Zip Code	
	LISA ON E-mail address:	ASSAGEWORKZ, CON to be used for future annual report notif	
For further informati	on concerning this matter, please c	ali ·	
LISA Na	Cult's me of Person	at (407) 8/0. Area Code Daytime	-/804 e Telephone Number
Enclosed is a check t	for the following amount:		·
\$ \$25.00 Filing Fe	e \$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)

MAILING ADDRESS:

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

LISA CUPHS (Name of the Limited Liability (A Florida	L.M.T. LLC ity Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>L///000/3685</u>		2/5/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	RKZ LLC	7 o	7
The new name must be distinguishable and end with the words "Li	mited Liability Company," the design	ation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	85	32.0
(Principal office address MUST BE A STREET ADDI	RESS)	ភ្នាំក្នុង ព្រះគ	
		min mico	<u> </u>
		IXTZ ORIE	in si
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter th	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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 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

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:

	Add Remove
	Remove
	□ Remove
	Remove
	Add Remove
	SSEE PH Add
	□ Remove
	□ Add
	☐ Remove
	□ Add

4	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
Dated MAY , 2014 Signature of a member or authorized repr	esentative of a member
Typed or printed name of	signee
	TALLAN TALLAN

Page 3 of 3

Filing Fee: \$25.00