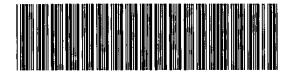
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COVER LETTER

Div	vision of Corp	orations			
SUBJECT:		RS ZEPHYRHILLS LLC			
Sebule 1.	Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. a all correspondence concerning this matter to the following: SHAHINA MAKHANI				
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	n all correspond	dence concerning this matter	to the following:		
		SHAHINA MAKHANI			
•			Name of Person		
			Firm/Company		
10525 WEYBRIDGE DRIVE					
			Address		
		TAMPA, FL 33626			
			City/State and Zip Code		
		~			
		E-mail address:	(to be used for future annual re	eport notification)	_
For further i	information cor	ncerning this matter, please of	eall:		
SHAHINA	MAKHANI				
· · · · · ·	Name of I	Person	Area Code	Daytime Telephone Nu	nber
Enclosed is	a check for the	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copya (additional copy is enclosed)	Certi	

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

THREE STARS ZEPHYRHILLS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Li Florida document number L12000025866	ability Company	were filed on FEBRU	JARY 22, 2012	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applications	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				35 6
Enter new mailing address, if applicable:				333
(Mailing address MAY BE A POST OFFICE)	number L12000025866 is submitted to amend the following: name, enter the new name of the limited liability company here: De distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Ipal offices address, if applicable: Indexess MUST BE A STREET ADDRESS) Indexess MUST BE A STREET ADDRESS) Indexess MUST BE A STREET ADDRESS Indexess MUS			
			r records, enter th	e name of the new
registered agent and/or the new registered of			•.*	•
Name of New Registered Agent:	SHAHINA MAKHANI			
New Registered Office Address:	10525 WEYBR	IDGE DRIVE		
		Enter Florida st	treet address	
	TAMPA		, Florida <u>3362</u>	6
		City 4.		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHAHINA MAKHANI	10525 WEYBRIDGE DRIVE,	■ Add
		TAMPA, FL 33626	□ Remove
			Change
MGR	MAKHANI LLC	10525 WEYBRIDGE DRIVE	
		TAMPA, FL 33626	■ Remove
			☐ Change
		· 	Add
			□ Remove
			Change
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ffective date, if other than the da an effective date is listed, the date must be	te of filing:	annot be prior to	date of filing or	more than 90 days			
Note: If the date inserted in this block document's effective date on the Depa	rtment of Stat	te's records.	ne statutory mi	ing requirements	s, this date will i	iot be iisi	ieu as
e record specifies a delayed e The 90th day after the record	ffective dat l is filed.	te, but not	an effective	time, at 12:	01 a.m. on t	ne earli	ier of
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Filing Fee: \$25.00