# L12110030072

(Requestor's Name)		
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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· (Bu	ısiness Entity Nam	ne)
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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## **COVER LETTER**

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TO:	Registration Se Division of Cor		
		ZEN, LLC	
SUBJE	CT:	Name of Limited Liability Company	
The enc	osed Articles of	Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to the following:	
		ADRIANA BAENA	
		Name of Person	
		Firm/Company	
		8513 NW 72ND STREET	
	•	Address  Miami, FL 33166	
		City/State and Zip Code  JOHABELISARIO@HOTMAIL.COM	5
For furth	ner information c	E-mail address: (to be used for future annual report notification)	D #: 57
ADRIA	NA BAENA	305 323-7796 at ()	_
	Name o	of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for t	he following amount:	
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe  Certificate of Status	tatus &

### **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

# TO ARTICLES OF ORGANIZATION OF

GOLDEN ZEN, LLC			
( <u>Name of the Limi</u>	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L Florida document number L12000030072	Liability Company were filed on	03/01/2012	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the vector new principal offices address, if applied	, , ,	e designation "LLC" or the ab	breviation "L.L.C."
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and		ALLAR NOT AN	, <b>[</b>
registered agent and/or the new registered o	ffice address here:	NIE RIDA	1
Name of New Registered Agent:	ADRIANA BAENA	•	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	8518 NW 70 St		
•	Enter F MIAMI	lorida street address F <b>lorida</b> 33	166
	City	, FIORIOR	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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUISA J, NIEVES	8513 NW 72ND STREET	□ Add
		Miami, FL 33166	■ Remove
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	10/01/2015	
fective date, if other than the da	10/01/2015 ate of filing:	(optional)
an effective date is listed, the date must be to the date inserted in this block ocument's effective date on the Department.	k does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
		and there are 12:01 and a second second
e record specifies a delayed of the 90th day after the recor	mective date, but not an effective is filed.	ve time, at 12:01 a.m. on the earlier o
10/26 ated	2015	
aduna	a Baesa gnature of a member or authorized represent	ative of a member
ADRIANA BAENA	p or a manner or authorized represent	

Page 3 of 3

Filing Fee: \$25.00