

2120000 7684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

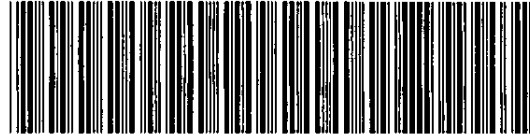
(Business Entity Name)

(Document Number)

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15 AUG 31 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 02 2015  
J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZIGANO POA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELA REYES

Name of Person

CORPORATE SERVICES INTERNATIONAL CONSULTING INC

Firm/Company

290 NW 165TH STREET PH5 - 4TH FLOOR

Address

MIAMI, FL 33169

City/State and Zip Code

CORPORATE.SERVICES@TEAMREMANAGEMENT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELA REYES

305

454-0915 EXT 220

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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**

ZIGANO POA 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 03/19/2012 and assigned  
Florida document number L12000038084.

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 contain 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)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

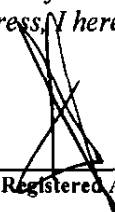
Name of New Registered Agent: CORPORATE SERVICES INTERNATIONAL CONSULTING GROUP, LLC

New Registered Office Address: 290 NW 165TH STREET PH5  
Enter Florida street address

MIAMI, Florida 33169  
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u> | <u>Type of Action</u>                      |
|--------------|-----------------------|----------------|--------------------------------------------|
| MGR          | TARGON, LUCIANO       |                | <input type="checkbox"/> Add               |
|              |                       |                | <input checked="" type="checkbox"/> Remove |
|              |                       |                | <input type="checkbox"/> Change            |
| AMBR         | TARGON, LUCIANO       |                | <input checked="" type="checkbox"/> Add    |
|              |                       |                | <input type="checkbox"/> Remove            |
|              |                       |                | <input type="checkbox"/> Change            |
| AMBR         | CAROPRESO, NORA ESTER |                | <input type="checkbox"/> Add               |
|              |                       |                | <input type="checkbox"/> Remove            |
|              |                       |                | <input checked="" type="checkbox"/> Change |
|              |                       |                | <input type="checkbox"/> Add               |
|              |                       |                | <input type="checkbox"/> Remove            |
|              |                       |                | <input type="checkbox"/> Change            |
|              |                       |                | <input type="checkbox"/> Add               |
|              |                       |                | <input type="checkbox"/> Remove            |
|              |                       |                | <input type="checkbox"/> Change            |
|              |                       |                | <input type="checkbox"/> Add               |
|              |                       |                | <input type="checkbox"/> Remove            |
|              |                       |                | <input type="checkbox"/> Change            |

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

15 AUG 31 AM 0:31  
STON LAY OFF STAFF  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 08/26, 2015

  
Signature of a member or a

DANIELA REYES

Typed or printed name of signee