Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BAKER & MCKENZIE

Account Number: 074222002135 : (305)789-8900

Phone

: (305)789-8953

**Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please, ** Email Address: steven.hadjilogiou@bakermckenzie.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZAFCO RETAIL OKEECHOBEE BLVD LLC

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APR 1 0 2018

B. KOHR

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAFCO RETAIL OKEECHOBEE BLVD LLC

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

Florida document number L12000040518		were med on	and annoned to
This amendment is submitted to amend the following	mitted to amend the following: senter the new name of the limited liability company here: Istinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Iffices address, if applicable: IN MA It is a policable: BEA POST OFFICE BOX) N/A Pregistered agent and/or registered office address on our records, enter the name of the new registered office address bere: Registered Agent: N/A		
A. If amending name, enter the new name o	f the limited list	pility company here:	
N/A			
The new name must be distinguishable and end win'L.L.C."	th the words "Lim	ited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applie	able: .		
(Principal office address MUST BE A STREI	T ADDRESS)	N/A	
Enter new mailing address, if applicable:	•	<u>. </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
registered agent and/or the new registered o	Mce address ber	Mce address on our re	ecords, enter the name of the new
Name of New Registered Agent:	IN/A		
New Registered Office Address:		· 	
		Enter Flo	orida street address
			, Florida
		City	Lip 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 608, 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

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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 = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR_	Zafar Hussaln	9840 NW 25TH STREET	Add
		DORAL, FL 33172	Remove
			-
			_
			-
			_ L Add
			Remove
			Add
			Remove
			Add
-			Remove
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		1 • • • • • • • • • • • • • • • • • • •	Add
·			Removo

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D. If	f amending any other information N/A	ı, enter change(ı) here: (Attach a	klitional sheets, if ne	cessory.)
					
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				<u> </u>	
					"
		,			
veted	d April 9, 2013	£ 32			
	Signatu	ire of a momber of	authorized represen	native of a member	
	MOHAMMAD SU	LEMAN DA	.UD		
	***************************************	Typed or	printed name of sig	nuc	
	·		Page 3 of 3		

Filing Fee: \$25.00