# L12000064431

(Re	questor's Name)	
(Add	dress)	·
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(City	y/State/Zip/Phone	e #)
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K.SALY EXAMINER JUN 15

# **COVER LETTER**

Division of Cor	porations		
Barros Vizo	cayne, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John P. Goshgarian, Esq.		
		Name of Person	
	John P. Goshgarian, P.A.		
		Firm/Company	<del></del>
	4835 Hollywood Boulevar	d, Suite 4	
		Address	·
	Hollywood, FL 33021	^	
		City/State and Zip Code	
	goshlaw@	gmail.com to be used for future annual report notific	ooklan)
			catton)
For further information c	oncerning this matter, please ca	all:	
John Goshgarian		954 843-9503	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne 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

TO:

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**



Barros Vizcayne, 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 Compar	ny were filed on May 14, 2012	and assigned
Florida document number L12000064431		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Zuca Beach, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	he 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 registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	

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 amendin	g Authorized Person(s) authorized to n from our records:	nanage, <u>enter the</u>	title, name, and address of each person being added
MGR = ' N AMBR = A	lanager Authorized Member		2016 JUN 13 AM 8: 36 Type of Action  ALLAHASSEE, FLORIDA Add
<u>Title</u>	<u>Name</u>	Address	TALLAHASSEE, FLAME
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	ional sheets, if necessary.)  2016 JUN 13 AM  TALLAHASSEE FOR
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	PALLAHASSEE, FI.
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory filing occurrent's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
June 7 2016	
Sohn toshinism	
Signature of a member or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00