L12000067505

(Requ	uestor's Name)
(Addr	ress)	
(Addi	ress)	· · · · · · · · · · · · · · · · · · ·
(City/	State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	ame)
(Doc	ument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	
ı	VAY 8 2013	
	TONER	

Office Use Only



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04/17/1/6-62031-004 **25.00





April 18, 2013

ALLAN ZAMORANO Z TRON CHARGERZ LLC 1610 COLLINS AVE MIAMI BEACH, FL 33139

SUBJECT: Z TRON CHARGERZ LLC

Ref. Number: L12000067505

We have received your document for Z TRON CHARGERZ LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 413A00009268

COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	Z TRON C	CHARGERZ LLC			
Sebolett		Name of Limite	d Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	lence concerning this matter to	o the following:		
		Allan Zamorano			
Name of Person					
Z TRON CHARGERZ LLC					
			Firm/Company		
		1610 Collins Ave			
			Address		
		Miami Beach, FL 331	39		
			City/State and Zip Code		
		ZTRONCHARGERZ@	gmail.com be used for future annual report notification		
T 0 1 1			·	on)	
For further in	itormation con	cerning this matter, please cal	(I):		
Allan Zan	norano		631 747-4757		
	Name of P	erson	Area Code & Daytime Tel	ephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling 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:

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

FILED

13 HAY -7 PH 4: 40
SECRETARY OF STATE

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on out records.) See. Fl. Onlog.
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000067505</u> .	were filed on 05/18/2012 and assigned
the Articles of Organization for this Limited Liability Company were filed on 05/18/2012 and assigned lorida document number L12000067505 This amendment is submitted to amend the following: The new name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC." The new principal offices address, if applicable: The new principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: PO BOX 190553 Miami Beach, FL, 33139 The new mailing address MAY BE A POST OFFICE BOX) The new registered agent and/or the new 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: New Registered Office Address: Enter Florida street address Enter Florida street address	
ida document number L12000067505 If amending name, enter the new name of the limited liability company here: In the new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "C." In the new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "C." In the new principal offices address, if applicable: In the new principal office address MUST BE A STREET ADDRESS) In the new mailing address, if applicable: In the new mailing address, if applicable: In the new mailing address, if applicable: In the new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1015 NW 23rd St
(Principal office address MUST BE A STREET ADDRESS)	Miami FL, 33127
Enter new mailing address if applicables	PO BOX 190553
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, FL, 33139
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

Z TRON CHARGERZ LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Julian Zamorano	1610 Collins Ave	Add
		Miami Beach FI, 33139	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)
ted 04/15/2013	
_	
Signature of a member or authorized representative of a member	
•	
Allan Zamorano	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00