112000079531

(Req	uestor's Name)	
(AbbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100308556461

02/05/18--01030--010 **25.00



O SHIMONS

COVER LETTER

:

Division of Cor	porations		
ZETA ENT	TERPRISES, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alejandro Vazquez		
		Name of Person	
		Firm/Company	
	4113 Staghorn Ln		
		Address	
	Weston, FL 33331		
	alex@zeta-enterprises.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	ali:	
Alejandro Vazquez		305 766-2614 at ()	: Telephone Number
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he 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:

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

ZETA ENTERPRISES, 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 $\frac{06/15/2012}{}$ and assigned 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 "L.I.C" or the abbreviation "L.I. 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: New Registered Office Address: Enter Florida street address Florida

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager . AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro Vazquez	4113 Staghorn Ln, Weston FL 33331	■ Add
			□ Remove
		.	Change
			
		/	☐ Remove
			- Qhange
			BBA C
			☐ Remove
	/		Add
	^) \ /	□ Remove
/		· /	Change
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

. ,		
 		
		
		Ø
		# F .
		F 1
 -		<u>} = = = = = = = = = = = = = = = = = = =</u>
		Aggir.
		
		
<u> </u>		· · · · · · · · · · · · · · · · · · ·
ffective date, if other than the c	ate of filing:	(optional)
an effective date is listed, the date must lote: If the date inserted in this blo	ate of filing:	n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as
ocument's effective date on the De	artment of State's records.	
e record specifies a delayed	effective date, but not an effective time,	at 12:01 a.m. on the earlier o
The 90th day after the reco		
January 30 ated	2018	
	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00