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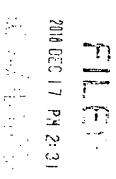
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COVER LETTER

TO: Registration Se Division of Cor					
Zeta Enter	prises, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Viviana Oliva				
		Name of Person			
		Firm/Company			
	4113 Staghorn Ln				
		Address			
	Weston, FL 33331				
		City/State and Zip Code		2018 D	3 cruc,*~
	E-mail address:	to be used for future annual report	notification)	050 I	ESTRE
For further information of	concerning this matter, please c	all:			ga z
Viviana Oliva		305 766 261	-1	FH 2:	2 4
Name (nf Person	at () Area Code Day	ytime 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)	Certified	te of Status &	

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

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 Florida document number _ 1.12000079531 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 "LLC." 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

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>	Address	Type of Action
MGR	Vazquez, Alejandro	-4113 Staghorn Ln, Weston FL 33331	
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date does not meet the applicable sta	of filing or more than 90 days :	after filing.) Pursuant to 6	505.020 isted a
ie record specifies a delayed ei The 90th day after the record		effective time, at 12:0)1 a.m. on the ear	rlier d
December 12	2018			
Dated	Mi 1	0		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00