## L12000099029

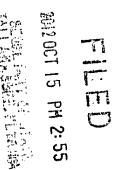
(Re	equestor's Name)	· · · · · · · · ·		
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J. BRYAN

OCT 16 2012

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	ZNUTZ, L	16	
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed A	rticles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all	correspondence concerning this matt	er to the following:	
	So	OTT M. STEWART	-
		Name of Person	
	ZN	UTZ LLC Firm/Company	
	<del></del>	Firm/Company	TA S
	2423	3 SW 132 WAY Address	OCT OCT
	<del></del>	Address	<u> </u>
	DAV	lie FLORIDA 3	7 1 L L 2: 55 1
		City/State and Zip Code	2:5
	E-mail address:	City/State and Zip Code  TLADDE Q AOL. CON  (to be used for future annual report notification)	<u>1</u>
For further info	rmation concerning this matter, please		,
	-		··· . 1
_5C071	Name of Person	at ( <u>964) 647-68</u> Area Code & Daytime Te	S// Jenhane Number
	Traine of Felson	rived code de Daytinie Te	reprode Number
Enclosed is a ch	eck for the following amount:		
	- <del>-</del>	\$55.00 Filing Fee &	\$60.00 Filing Fee,
NODIFICATION	g Fee S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER	ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporation	ns

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZNVTZ, L	LC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	- 1	1/12 and assigned
Florida document number <u>L 120000 99029</u> .	•	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "1" L.L.C."	Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	4 10 1.10 1.10 1.10 1.10 1.10 1.10 1.10
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	F 8 7
	1.	
Enter new mailing address, if applicable:	-N/T	
(Mailing address MAY BE A POST OFFICE BOX)	·	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our r here:	ecords, enter the name of the new
	1.	
Name of New Registered Agent:	<i>[</i> A	
New Registered Office Address:	·	
	Enter Florida street address	
	City	Zip 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 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>	<u>Name</u>	Address	Type of Action			
MGRM	SCOTT M. STEWART	2423 SW 132 WAY  DAVIE, FLORIDA 333  CHANGE STATUS FRO	Add  Remove			
	ZVAD E. LLABAYEB	2423 SW 132 WA/ WAVIE, Floring 333	Add MGRM Remove			
MGRM	BASSAM E. HABAYEB	2423 SW 132 WAY DAVIR, FLORIDA	Radd Remove			
		333.	Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	ng any other information, enter change ANGING TITLE F	s) here: (Attach additional sheets, if necessary.) OL SCOT M. STEWANT	Room			
<u>W</u>	6R TO M6RM		<del></del>			
(A_ (A)	DDING TO MGRM (S)		7442 OC			
	10/12, Signature of a member b	r authorized representative of a member	5 F			
SCOTT M. STEWART  Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00