L12000113252

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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12 SEP 17 PH 4: 14

B. BOSTICK

SEP 1 8 2012

EXAMINER

COVER LETTER

Registration Section Division of Corporations

SUBJECT:	ZA	FILS LLC				
	Name of Limi	ted Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter	-				
		HERVE FILS-AIME				
		Name of Person				
		COMPANY				
		Firm/Company				
	52	261 SW 6TH STREE	Г			
		Address				
	PLAN	TATION FLORIDA 3	3317			
		City/State and Zip Code		5	هيم	
	F-mail address: (noutchoo@yahoo.con	ort notification)	- 3	12 SEP 17	4
For further information	concerning this matter, please c	·	••, ,			 1)
ror further information	concerning this matter, prease e	an.		7 m	•	4
HER	RVE FILS-AIME	at (954)	648-1762	*** . ** ** *	PH 4:	3
Name	of Person	Area Code &	Daytime Telephone Num		£:	
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certif nclosed) Certif	Filing Fee, icate of Sta fied Copy ional copy		sed)

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

(Nome of the Limited	ZA FIL	S LLC			
(Name of the Limited	Florida Limited I	ny as it now appears on our r Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L12000113		were filed on SEPTEMB	ER 04,201	2 and assig	ned
i iorida document number	<u></u> -				
This amendment is submitted to amend the foll-	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:			
	HERVE FILS-	AIME LLC			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ted Liability Company," the de	esignation "LI	C" or the abb	previation
Enter new principal offices address, if applic	able:	5261 sw 6th street		15	
(Principal office address MUST BE A STREE	T ADDRESS)	plantation florida 333	<u> 17 🗼 🚠 </u>	SE	
				 	28
				P.	
Enter new mailing address, if applicable:				45	<u>) </u>
(Mailing address MAY BE A POST OFFICE BOX)			امد بنا الاستان الاسان المان المان المان الاس المان الاسان ال الاسان الاسان الاسان الاسان ال الاسان الاسان ال		
D. If amonding the positional areas and		G 11			
B. If amending the registered agent and/or the new registered of			as, <u>enter tn</u>	e name of	tne new
Name of New Registered Agent:	HERVE FIL	S-AIME		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	5261 SW 61	TH STREET			
-	-	Enter Florida	a street addre	ess	
	PL	ANTATION	Florida	33317	

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.

City

ding the Managers or Managing Members on our records, enter the title, name, and address of each Manager maging Member being added or removed from our records:

... GR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HERVE FILS-AIME	5261 SW 6TH STREET PLANTATION FLORIDA 33317	Remove
			= = .
·————			Add Remove
		te(s) here: (Attach additional sheets, if nece	•
			12 SEP
Dated	september 12, 20	112 .	17 PH 4:1
	Signature of a member	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00