## 12000158343

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Na  | me)         |
| (Do                     | cument Number)    | )           |
| Certified Copies        | Certificate:      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         | 2013              |             |
| L. SEL                  |                   |             |
|                         |                   |             |

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SECRETARY OF STATE

FILED

## COVER LETTER

| Division of Cor            | porations ··                                  | an and the second secon | ,, · · · · · · · · · · · · · · · · · ·  |
|----------------------------|---|--|---|
| suвjест: Z                 | Name of Limi                                  | Multi-Media, ited Liability Company  | LLC   |
|                            | Amendment and fee(s) are sub                  |  |   |
|                            | - F   | Kimberly Bors Name of Porson   | a   |
|                            | Space   | Option, LL ( Firm/Company  | <u> </u>  |
|                            | 4260 Ma                                       | ariner Lane Address  | <del></del>   |
|                            | Bonita Sp                                     | City State and Zip Code  | 134   |
|                            | Zenza zo<br>E-mail address: (i                | to be used for future annual report notificat  | ion)  |
| For further information co | oncerning this matter, please c               | all:   |   |
| Gordon<br>Name of          | Borsa   | at ( <b>239</b> ) <b>46.5 - 2</b><br>Area Code & Daytime To  | elephone Number   |
| Enclosed is a check for th | e following amount:                           |  |   |
| □ \$25.00 Filing Fee       | \$30.00 Filing Fee &<br>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:** 

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

| Zawi Now   | Multi - Media,<br>lity Company as it now appears<br>a Limited Liability Company) | LLC   |
|--|--|---|
| ( <u>Name of the Limited Liabil</u><br>(A Florid   | ity Company as it now appears<br>a Limited Liability Company)                    | on our records.)                              |
| The Articles of Organization for this Limited Liability  | Company were filed on  | ecember 19,2012nd assigned                    |
| Florida document number L 120001583  | <u>43</u> .  |   |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the li  | mited liability company here:  | :   |
| Space Option The new name must be distinguishable and end with the v                                   | LLC  |   |
| The new name must be distinguishable and end with the v<br>"L.L.C."                                    | vords "Limited Liability Company   | y," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |   |
| (Principal office address MUST BE A STREET ADI   | DRESS)   |   |
|  | <del></del>  |   |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
|  |  |   |
|  |  |   |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ac | istered office address on ou<br><u>ldress h</u> ere:                             | r records, enter the name of the new          |
|  |  |   |
| Name of New Registered Agent:  |  | ***************************************       |
| New Registered Office Address:   |  |   |
|  | Ente   | r Florida street address                      |
|  |  | , Florida                                     |
|  | 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** Remove Remove Remove Remove Remove

| . If am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
| •       |  |
|         |  |
| ted     | July 3 , 2013.   |
|         | Signature of a member or authorized representative of a member                                 |
|         | Typed or printed name of signee  |

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Filing Fee: \$25.00