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SECRETARY OF PENSON

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COVER LETTER

		stration Se sion of Cor				
SUBJEC	`T.	Zapporoo L	LC			
SUBJEC	,1; <u> </u>		Name of Lin	nited Liability Company		
The enclo	osed .	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn :	all correspo	ndence concerning this matter	to the following:		
			Joel M. Cordie			
				Name of Person		
			Zapporoo LLC			
				Firm/Company		16 TALL
			328 Mell Ave NE, Ste. A	•		16 JUN 28
				Address		28 29
			Atlanta, GA 30307			2
			 	City/State and Zip Code		2: - 3
			joel@zapporoo.com		· · · · · · · · · · · · · · · · · · ·	3
For furth	er int	formation c	oncerning this matter, please o	(to be used for future annual report notific call:	ation)	
Joel M. (Cordl	e		305 979-6334	• •	
		Name o	f Person		Felephone Number	
Enclosed	d is a	check for the	ne following amount:			
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
			ING ADDRESS:	STREET/COURIE	R ADDRESS:	
		Divisio	ration Section on of Corporations	Registration Section Division of Corporat	ions	
			ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cent Tallahassee, FL 3230		
				en e se en e		

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Zapporoo LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as It now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L13000004493	any were filed on January 9, 2013	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 I	Liability Company," the designation "LLt	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Care Jan.
(Principal office address MUST BE A STREET ADDRES	<u> </u>	60 00 00 00 00 00 00 00 00 00 00 00 00 0
	· ·	
1		
Enter new mailing address, if applicable:	328 Mell Ave NE	2:
(Mailing address MAY BE A POST OFFICE BOX)	Ste. A	73 - Şr
	Atlanta, GA 30307	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		is, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street addre	PSS
	F	lorida
	City	Zip Code
New Registered Agent's Signature if changing Registered Ag	ent:	

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	Joshua D. Cordle	1933 S.W. 27 Avenue	Add
		Ste. 201	■ Remove
		Miami, FL 33145	☐ Change
MGR	James A. Brookes	328 Mell Ave NE	■ Add
	 	Ste. A	☐ Remove
		Atlanta, GA 30307	Change
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fective date, if other t	nan the date of filing:	(optional)
ote: If the date inserted i	date must be specific and cannot be prior to date of filing or more then this block does not meet the applicable statutory filing req	uirements, this date will not be listed
ocument's effective date	on the Department of State's records.	
		•
e record specifies a o The 90th day after t	lelayed effective date, but not an effective time	, at 12:01 a.m. on the earlier
The Sour day diter t		
June 23	2016	
ated		
1/4		•
	Signature of a member of authorized representative of a	member
2		

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