11300066595

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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13 JUL -8 AM 10: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	
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Registration Section Division of Corporations

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marco Delgado

Name of Person

Z QUARTZ LLC

Firm/Company

3541 NW 82 AVE

Address

Doral, FL 33122

City/State and Zip Code

marco@zettiquartz.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marco Delgado

at (305)677-2620

Area Code & Daytime Telephone Number

Name of Person

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 enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Z QUARTZ LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our record iability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000006595</u>	were filed on 1/14/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designal	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3541 NW 82nd AVE	G _m
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33122	ACE 13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		UL-8 AH ID: 34 HASSEE FLORID
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>e</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	at address
		•
	, Florid	da 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
mgrm	Antonio Alcaina	303 Bernal ST	✓ Add
		Edinburg, TX 78539	Remove
			Remove
			Add
			Remove
			>=
			SEE. PO STATE
			Add
			Remove
			Add
			Remove

July 3 2013 . Signature of a member or authorized representative of a member	amending any other inform	ation, enter change(s) here: (Attach ad	iaittonai sneets, ij necessary.)
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member			
Signature of a member or authorized representative of a member	<u></u>		
Signature of a member or authorized representative of a member	July 3	<u>2013 </u>	
· · · · · · · · · · · · · · · · · · ·	1 h b	Associated and an authorized correction	ntative of a member
Marco Delgado¹			native of a member

Page 3 of 3

Filing Fee: \$25.00

13 JUL -8 MM 10: 34.
SECRETARY OF STATE
TALLAHASSEE, FLORID.