Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000439653)))



To:	i !	
	Division of Corporations	
	Fax Number : (850)617-6383	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	2013
	Account Number: 120000000019	-m
	Phone : (305) 552-5973	FEB
	Fax Number : (305)220-1440	2
nter t	the email address for this business entity to be used for fu	core
en III	the email address for this business entity to be used for furual report mailings. Enter only one email address please.**	-
en III	dar report marrings. Enter only one email address prease.**	cure Z
airi	dar report marrings. Enter only one email address prease.**	cure Z
Emai	il Address:	cure Z
Emai	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	cure Z
Emai	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZALUCIA ALL SERVICE, LLC	cure Z
Emai	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	cure Z
Emai	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZALUCIA ALL SERVICE, LLC	cure Z
Emai	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZALUCIA ALL SERVICE, LLC Certificate of Status Certified Copy 0	cure Z
Emai	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZALUCIA ALL SERVICE, LLC Certificate of Status 0	cure Z

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

C. LEWIS

FEB 2 6 2013

H130000043965

SECRETARY OF STATE DIVISION, OF CORPORATIONS

ARTICLES OF AMENDMENT ΤO

2019 FEB 25 AM 8: 46

ARTICLES OF ORGANIZATION OF

	ZAJucia All Service LLC
	(Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company)
The	Articles of Organization for this Limited Liability Company were filed on Horida and assigned
	da document number <u>L/30000 21708</u>
This	amendment is submitted to amend the following:
A. I	samending name, enter the new name of the Umited liability company here:
The L.L.	we name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation C."
Ente	new principal offices address, if applicable:
(Pri	cipal office address MUST BE A STREET ADDRESS)
Eate	r new mailing address, if applicable:
(Ma	ling address MAY BE A POST OFFICE BOX)
B. regis	If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here:
	Name of New Registered Agent: Lucia Santing
	New Registered Office Address: 1920 S.W. 21 ave.
	Mi Com, Enter Florida street address Morida 33/45
	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.

Page 1 of 3

H13000043955

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							
Title	Name	Address	Type of Action				
7	Lucia santiago	1920 SW31 Aue.	Add				
		miami, F1. 33/115	Remove				
VP	Alcibiades J.	1920 Sw21 Aue					
	← File v41	miami, FC 33/45	Remove				
			Add				
			Remove				
			Remove				
	: : :		Add				
			Add				
			Add				
			Remove				

Page 2 of 3 H 1 3 0 0 0 0 4 3 9 6 5

H13000043965

SECRETARY OF STAIL DIVISION OF CORECRATION

D. 1	2013 F famending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	EB 25	AM 8: 46
		•	
			·
Date			
	Signature of a member or authorized representative of a member		
•	Typed or printed name of signice		
	Page 3 of 3		

Filing Fee: \$25.00