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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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K. SALY EXAMINER AUG 27 2013 9042886832

COVER LETTER

Registration Section TO: Division of Corporations

ZEYNO LLC SUBJECT:

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:

Sazi Ercan

Name of Person

Fim/Company

9825 San Jose Blvd. #1

Address

Jacksonville, FL 32257

City/State and Zip Code

Saziercan @ homeil.com

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

For further information concerning this matter, please call:

Sazi Ercan

at (904) 207-3969

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Cortificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) U\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, 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

	13 AUD FILED	
	74 <i>82.</i> 5 =	
)	TALLAHASSEE, FLORIDA	

-c, FLOR
ny as it now appears on our records.) iability Company)
were filed on May 24, 2013 and assigned
llity company here:
ted Liability Company," the designation "LLC" or the abbreviation
9825 San Jose BLUD, #1 JACKSONVILLE FL 32257
JACKSONVILLE FL 32257
9825 SAN JOSE BLUD #1 JACKSONVILLE FL 32257

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Harring to the state of the sta		
New Registered Office Address:	Enter 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 Changing Registered Agent, Signature of New Registered Agent

03:19PM

CPA

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
MGRM	Thomas T. Dogantekin	10023 Belle Rive Blvd	Add
		Apt. 1110	Remove
		Jacksonville, FL 32256	u 10.000
**			Add
			Remove
			·,—
			Add
			Remove
to be a late	······································		Add
		Mar (Market and , com	Remove
			
-			Add
			Remove
		E-Na-	7761
			Add
			Remove

9042886832

08/21/13

Dated

03:19PM

CPA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2013 June 19 Signature of a member or authorized representative of a member Sazi Ercan

Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00