13000085772

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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EFFECTIVE DATE 01-01-15

SEGRETARY OF SIME

B. BOSTICK

JAN - 7 2015

EXAMINER

COVER LETTER' *

TO: Registration Sec Division of Corp	ction porations	*		
ZN Prope	erties, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Zain Nensey			
		Name of Person		
		Firm/Company		
	8932 Magnolia Chas	se Circle		
		Address		
	Tampa, FL 33647			
		City/State and Zip Code	7 S 2014	
	znenterprisesfl@gma	ail.com to be used for future annual report notifica		_
For further information co	e-mail address: (·	400) 411 514 514 514 514	
Zain Nensey		813 951-3248	SET O	
Name of	Person		Celephone Number 22	
Enclosed is a check for th	e 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

ZN Properties, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number <u>L13000085772</u> .	pany were filed on June 13, 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:	
ZN Enterprises, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ptpt	22 2
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	
		7 P N
Enter new mailing address, if applicable:	·	TO O
(Mailing address MAY BE A POST OFFICE BOX)		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	بالم	. 2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the n
Name of New Registered Agent:		
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Add
			Remove
			Add
			Pagemove
			REC 23 AND 2: Remove NH SSFE FLORIDS
			Remove
			Add
			☐ Remove

. If amending any other information, enter cha	inge(s) nere: (Attach adaittonal sheets,	if necessary.)
-		
Effective date, if other than the date of filing:	01/01/2015	(optional)
(The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of	of receipt of fried date and cannot be more than a	0 days after
Dated December 18	2014	
300	n Hemme	
	mber or authorized representative of a member	
	Zain Nensey	
	voed or printed name of signee	-

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Filing Fee: \$25.00