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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

AUG = 1 2013 T. HAMPTON

COVER LETTER

| TO: Registration Section of Corpo | | ** ** ** ** ** ** ** ** ** ** ** ** ** | · · · · · · · · · · · · · · · · · · · |
|-----------------------------------|---|--|---|
| SUBJECT: DEV | Name of Limite | ed Liability Company | |
| The enclosed Articles of Ar | nendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | marie T | Name of Person | |
| • | | Firm/Company | |
| • | 477 Comme | exce way Sut | e 115 |
| | Longwood | City/State and Zip Code | |
| | E-mail address: (to | Ozmaconstruct | ion) COM |
| For further information con | cerning this matter, please ca | • | |
| Mayle T2 Name of P | Wanj erson | at (<u>407)865-57</u> Area Code & Daytime To | elephone Number |
| 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 JUL 31 AM II: 23

| Deveon me | ۹ . در د | |
|--|---|---|
| (Name of the Limited Lia (A Flo | ability Company as it now appears on our orida Limited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liabi Florida document number <u>U 3 000 03</u> | lity Company were filed on 7/22 | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| • | | |
| The new name must be distinguishable and end with th "L.L.C." | ne words "Limited Liability Company," the | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | cords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Flo | rida 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|----------------|--------------------|--|
| MCRM | Kevin Somers | 477 Commerce way | Add |
| | | Suite 115 | Remove |
| | | Longwood, FL32750 | |
| $\omega^{(k)}$ | Jonas Brugge | 477 Commerce way | Add |
| - | | Sute 115 | Remove |
| | | Longwood, FL 32150 | |
| MGRM | Larry Kiem | 477 Commerce way | Add |
| | | Suite 115 | Remove |
| | | Longwood, FL32150 | |
| MORM | Timothy Moxiey | 477 Commerce way | Add |
| | | Suite 115 | Remove |
| | | Longwood, Fl 32750 | _ |
| MGRM | ZFStockTrust | 477 Commerce way | Add |
| | | Suite 115 | Remove |
| | | Longwood, FL32750 | _ |
| | | | Add |
| | | | DIVINO NO CONTROL OF C |
| | | | FILE FILE FOR CON |
| | | | |

| ed Tuly 30 Signature of a member or authorized representative of a member | If am | ending any other information, enter change(s) here: (Attach additional sheets, if 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 | | |
| Signature of a member or authorized representative of a member | | |
| | ed | July 30 , 2013 . |
| | | MINEL |
| | | Riggether of a member or outhorized corresponditive of a member |
| | | Mark C. Filburn, managing Member |
| Typed or printed name of signee J | | |

Page 3 of 3

Filing Fee: \$25.00