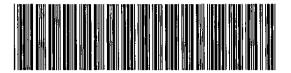
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### **COVER LETTER**

TO: Registration Se Division of Cor		~ ( a	
SUBJECT:	ZEU	S 1, LLC	
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dol	lly D. Medina	
		Name of Person	
	J. Castr	o & Associates	, P.A.
		Firm/Company	
	6915 R	led Road, Suite	219
		Address	
	Coral G	ables, Florida 3	33143
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	otification)
For further information co	oncerning this matter, please c	all:	
Dolly D. Me	edina	at (305) 444-	7500
Name of	f Person	Area Code Dayti	me Telephone Number
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	☐ \$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy
(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S 1, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa Florida document number L13000112939	ny were filed on 08/19/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		Bo -
Enter new mailing address, if applicable:		SSR O
(Mailing address MAY BE A POST OFFICE BOX)		mo z M
		<u> </u>
		7. 53 R. 66
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	, I	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	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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			□ Remove
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			☐ Remove
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		<del></del>	□ Remove
			Add
			Remove

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ective date, effective date date this docu	if other than the date of filing:
date this docu	if other than the date of filing:
: date this docui	ment is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECREMARY OF STAFE

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