## U13000 113936

(Re	questor's Name)	_
——————————————————————————————————————	dress)	
	dress)	
(riu	diess)	
(Cit	y/State/Zip/Phone i	#)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Name	e)
`	ŕ	•
(5)-		
(100	cument Number)	
,		
Certified Copies	_ Certificates of	of Status
Consist testerations to		
Special Instructions to	Filing Oπicer:	
		J

Office Use Only



10/30/17--01020--014 ++25.00

NOV 0 2 2017 Y SULKER

## **COVER LETTER**

	Registration Se Division of Co				
SUBJEC		SSIFIEDS LLC			
30130170		Name of Lim	ited Liability Company		
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Omar Robinson			
			Name of Person		<del></del>
		FIWICLASSIFIEDS			
			Firm/Company		
		3489 Merrick Lane			
			Address		
		Margute, Florida, 33063			
		orobinson@zacto.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual re	eport notificati	on)
For furth	er information c	concerning this matter, please ca	all:		
Omar Ro	binson		954 9583 at ()	5244	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed	is a check for the	he following amount:			
<b>□ \$25.</b> 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		COURIER	ADDRESS:

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIWICLASSIFIEDS LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/13/2013	and assigned
· ·		
lorida document number L13000113936		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
Zacto LLC		
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
No. a construction of the control of		
Enter new principal offices address, if applicable:	-	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		1,2,
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		7 .
		,
		•
	. ~	
<ol><li>If amending the registered agent and/or registere egistered agent and/or the new registered office address</li></ol>	· ·	enter the name of the
egistered agent and/or the new registered office address	nere.	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	inter i tor aut street tautress	
	, Fleri	da
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
		<del></del>	Add
			□ Remove
			Change
		<del></del>	□ Remove
			☐ Change
		·	
			Remove
		<u> </u>	
			C: □ Remove
			□ Add
			Remove
			□ Change
			Remove
			∏ Change

	-
· · · · · · · · · · · · · · · · · · ·	
	<del>.</del>
	4
	• •
	•
	· .
	<b>`~</b>
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or mote:  If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605. g requirements, this date will not be liste
e record specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlie
the Both day after the record is filed.	
The 90th day after the record is filed.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00