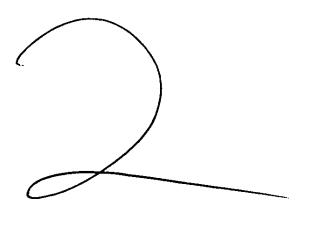
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(Rec	questor's Name)	
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Certified Copies	Certificates	s of Status
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2013 SEP -5 PM 4: 17
SECRETARY OF STALL
SECRETARY OF STALL

B. BOSTICK

SEP 0 6 2013

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		i i i	. '
SUBJI	ECT:	Z S Cor	osulting LL ed Liability Company	<u></u>
The en	sclosed Articles of Ar	mendment and fee(s) are subt	mitted for filing.	2016 FAL
Please	return all correspond	lence concerning this matter t	to the following:	SEP LAH
		Mike	ZIKRI Name of Person	SSEE FLO
		ZSC	Onsulting L	C SH E
		7600-	W CAMINO	Real
		BOCA	RAton F1	33433
		E-mail address: (to	City/State and Zip Code Ri Milde be used for future annual report notification	Small.com
For fu	rther information con	cerning this matter, please ca	all:	
	Lisa Name of P	Jahnston	at (<u>561</u> 358, 2 Area Code & Daytime Te	158 lephone Number
Enclos	sed is a check for the	following amount:		
\$2:	5.00 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
Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Z S Cansult	Ting LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{8/27/13}{}$ and assigned
Florida document number HA DROCESS.	7
L13000126287	
This amendment is submitted to amend the following:	ARE EP
A. If amending name, enter the new name of the limited liabi	ility company here:
ZPRO SALON	1 & SDA, LLC 3 3
The new name must be distinguishable and end with the words "Limit "L.L.C."	
Enter new principal offices address, if applicable:	SAME - 7600- WCAMINORON
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATION F133433
Enter new mailing address, if applicable:	SAMe
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new e:
Name of New Registered Agent: SAME New Registered Office Address:	<u> </u>
New Registered Office Address: SAme	
	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

or Managin	g the Managers or Managing Member ng Member being added or removed fro	s on our records, <u>enter the titl</u> om our records:	e, name, and address of	Company Compan
MGR = Ma MGRM = N	nager Managing Member		SST	SEP -5
<u>Title</u>	<u>Name</u>	Address	E F C C C C C C C C C C C C C C C C C C	vpe of Action
*			Ē	Add
				Remove
		 		Add
		 , 		Remove
				П
				Add
				Add
				Remove
				Add
				Remove
				Add
				Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Charged from when to UC
	Mame Chongo-
•	
•	
Dated	8 26 , 2013.
	X X
	Signature of a member or authorized representative of a member
	Zvi SchWARZMAN
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

TATURE LARY OF SIGN