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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor		•		
SUBJECT:	Z Line Install Name of Limit	ation 5 ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Ryan Zim</u>	nmer mon Name of Person		
	2 Line	Installations Firm/Company		
	360 Tinsl	ey Road Address		
		e, FL 32140 City/State and Zip Code 89 & au/11, com o be used for future annual report notificati	Example 1	13 OC
For further information of	E-mail address: (to		on)	
Ryan Name o	Zimmeimus of Person	at (<u>386) 971 - 0293</u> Area Code & Daytime Te	elephone Number 73.75	(A)
Enclosed is a check for t	he 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 Stat Certified Copy (additional copy)	tus &

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

Z Line Installation	in S	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record	<u>ds.</u>)
(**************************************		
The Articles of Organization for this Limited Liability Company w	ere filed on <u>September 12</u>	, 2013 and assigned
Florida document number 1.23 0001 28926		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
N/A		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		St.
		~ × ~ ~
	1	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce address on our records,	enter the mane of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	N/A	
		·
New Registered Office Address:		
	Enter Florida str	eet address
	. Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance of my duties, ovided for in Chapter 608, F. ddress, I hereby confirm that	and I am familiar with and S. Or, if this document is
se chana	N/A ing Registered Agent, Signature of	Naw Pagistared Accest
it Chang	ing Registered Agent, <u>Signature of</u>	ivew Registered Agent

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
m6rm	Ronald Altman Jr.	360 Tinsley Road	Xdd
		Florahome, FL 32140	Remove
			_
	N/xA		Add
			Remove
			_
	N/A		Add
			Remove
		42.3 >> .	CO J
	N/A	TORIO PARTIES AND	Add
		<u> </u>	Remove
	N/A		_ Add
			Remove
			_
***************************************	N/A		Add
			Remove

and EIN	U # 46.3618369 to Articles of Orginazation
See attached IRS paper for more information.	
09/13/13	
	The 2
	Signature of a member or authorized representative of a member
	Ryan Zimmerman Typed or printed name of signee
	O Typed of printed fiame of signee
	Page 3 of 3

13 00T -8 AMID: 58

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