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Tower APR 1.6. 2018

COVER LETTER

TO: Registration Section Division of Corporations Zerolo Services, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Fernando zerolo Perez Name of Person Firm/Company 15100 Sw 306 St Homestead, FI 33033 City/State and Zip Code fzerolo@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Fernando Zerolo Name of Person Daytime Telephone 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

Zerolo Services, LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited I Florida document number <u>L1300013209</u>	Liability Company were filed	on 09/18/2013 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compa	any here:
The new name must be distinguishable and end with the	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ess on our records, enter the name of the
New Registered Office Address:	6223 Sw 131 Ct A	pt.#103
. Town Hoggston Chines I than 1000.	Eni	ter Florida street address
	Miami	, Florida 33183
New Registered Agent's Signature, if changing	City Registered Agent:	Zip Code
		this capacity. I farther agree to comply with
		i this capacity. I further agree to comply with ance of my duties, and I am familiar with and

If Changing Registered Agent Signature of New Registered Agent

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

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 $AMBR = A$	fanager authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Libia Rojas	6223 Sw 131 Ct Apt #103	Add
		Miami FI, 33183	C Remove
			□ Add
			Remove
			□ Remove
			Add
		 	□ Remove
			🗖 Add
			_□ Remove
			□ Add
			_□ Remove

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fective date, if other than the date of filing:	otional) ys after
April 9 , 2014	
Signature of a member or authorized representative of a member Fernando Zerolo Perez	

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Filing Fee: \$25.00