

L13000138012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

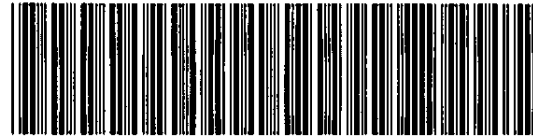
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2013 NOV 20 PM 4: 20
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 21 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zoe Foundation, 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:

Joe Lino
Name of Person
Zoe Foundation, LLC
Firm/Company
310 S. Ocean Blvd. Suite 401
Address
Boca Raton, FL 33432
City/State and Zip Code
joelino@icloud.com
E-mail address: (to be used for future annual report notification)

2013 NOV 20 PM 4: 20
RECEIVED
FALL HASSEE, FLORIDA

For further information concerning this matter, please call:

Joe Lino at (**305**) **896-7732**
Name of Person Area Code & 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**

Zoe Foundation, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/01/2013 and assigned
Florida document number L13000138012

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 20 PM 4:26

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Zoe Foundation, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

310 S. Ocean Blvd. Suite 401
Boca Raton, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

310 S. Ocean Blvd. Suite 401
Boca Raton, FL 33432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

310 S. Ocean Blvd. Suite 401

Enter Florida street address

Boca Raton

City

, Florida 33432

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

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:

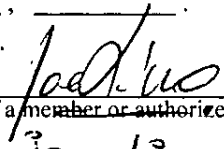
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

JOE LINO.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2019 NOV 20 PM 4:20
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2013

JOE LINO
ZOE FOUNDATION, LLC
310 S. OCEAN BLVD., SUITE 401
BOCA RATON, FL 33432

SUBJECT: ZOE FOUNDATION LLC
Ref. Number: L13000138012

2013 NOV 20 PM 4:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ZOE FOUNDATION LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 713A00025995