113000153238

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

Office Use Only



800279692968

12/07/15--01037--013 **30.00

15 DEC -7 PH 2: 40
SECRETARY OF STATE
MALLMANASSEE, FLORIDA

DEC 0 8 2015 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SAX HOUSE 4 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:
LEON ROY HAUSHAND Name of Person
Firm/Company
2749 HOLLYWOOD BLVD
HOCLYWOOD, FL 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ 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

TO ARTICLES OF ORGANIZATION OF

Z AX NOU	St 1, LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lie Florida document number <u>LA3000</u> 4	ability Company were filed on 10/3/170	3 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREET	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE L	<u></u>	
	or registered office address on our records, ent	
s. If amending the registered agent and/oregistered agent and/or the new registered off		er the name of the ne
Name of New Registered Agent:		CHARMS.
New Registered Office Address:		2: 4
	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 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Address Name 2749 HOLLYWOOD BLUP Add VICTOR PERSIA HEL HOLLY WOOD, FL 33020 Remove ☐ Change MGR ISARC PECFEL 2749 HOLLYWOOD BLUD DAD HOLLYWOOD FL 33020 Remove □ Change ☐ Add ☐ Remove ☐ Change DEC Remove 🖆 Change 🥽 ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

•			
		· · · · · · · · · · · · · · · · · · ·	<u></u>
		,	·
			_
_		 	
_		温気の	
		温温	Committee
_		SE -	1 5
_		79.3	
		ES C	ي آيا
			-
		9,2	
If an effect Note: 1	te date, if other than the date of filing:) Pursuant to 6 will not be l	605.0207 (3)(1 isted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the ea	rlier of:
Dated _	DECEMBER 3RD, 2015.		
	1 American		
	Signature of a member or authorized representative of a member		
	LEON ROY HAUSMANN Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00