113000170639

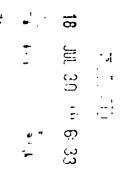
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<u></u>
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
(50-	'	
Certified Copies	_ Certificates	s of Status
Special Instructions to i	Filing Officer:	
	1	;

Office Use Only



700316142027

87/30/18--0:01/--ES: **[7.0]



6. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZUPA HOLDINGS 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:
Burton Zupa Name of Person
Zupa Holdings LLC Firm/Company
642 Companion Way
Longboat Key FL 34228 City/State and Zip Code burtzupa @ Zupaholdings. Com E-mail address: (to be used for future annual report notification)
burtzupa @ zupaholdings. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Burton Zupa at 940 374-0414 Name of Person at Ode Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(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

ZUPA HO	OLDINGS	SUC			
(<u>Name of the Limited</u>	Liability Compa Florida Limited L	ny as it now appears on iability Company)	our records.) *	<u> </u>	
The Articles of Organization for this Limited Liab Florida document number	0639. ving:		- 10 20	and assigned	
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the designation	ation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Between Between Between B. If amending the registered agent and/or the new registered office.	registered off	fice address on our		WAY -L 34228 r the name of the n	ew
Name of New Registered Agent:	CHERI	ZUPA			
New Registered Office Address:	642 C	OMPANION Enter Florida sti	WAY reet address		
	LONGBO	AT KEY	, Florida _	34228 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		□ Remove	
			☐ Change
			□ Add
			□ Remove
			Change
			
			□ Remove
			□ Change
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change

		· ·
		
		
		
		 -
an effective date is listed, the date must be specific and cannot be prior to date of filing or more that ote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	tirements, this date will not	t be listed a
ated		ವ
(huid. Busa		ထာ
Signature of a member of authorized representative of a m	ember	
\sim \cup	ember -	-
Signature of a member of authorized representative of a m CHEPI H. ZUPA Typed or printed name of signee	ember -	JEE 30
CHEPI H. ZUPA	ember .	-

Filing Fee: \$25.00