L13000170639

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Division of C	Section . Corporations		
SUBJECT:	ZUPA HOLDI Name of Lin	NGS LLC nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Bur	ON ZUPA Name of Person	
	ZUPA	HOLDINGS LLC Firm/Company	<u>, </u>
	642	COMPANION WAY	
	burt. C	BOAT KEY, FL City/State and Zip Code 2. Zupa @ 9 ma (to be used for future annual report notif	34228 il. com
For further informatio	n concerning this matter, please c		
BURTO	e of Person	at (941) 374 - Area Code Daytimo	-0414 Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fcc	□ \$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)
MA	II INC ADDRESS:	STREET/COURT	FR ANNRESS:

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 HOL	NINGS	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing L 13000170639	any were filed on 12 10 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2	SECR ISID:
Enter new mailing address, if applicable:		FILED FILED CORPOR
(Mailing address MAY BE A POST OFFICE BOX)		3: Q 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	City ent:	zsp Coae
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	agree to act in this capacity. I further agr ete performance of my duties, and I am fa as provided for in Chapter 605, F.S. Or, t	umiliar with and if this document is

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
MGR	Robert M Demichele	4705 Raven Run	Add
		Broomfield, Co 80023	Remove
			Change
MGRM	Burton A Zupa Jr	9826 Lychee Loop unit 30	<u>↓</u> □ Add
		Riverview, Fl 33569	Remove
			Change
MGRM	Cheri Zupa	642 Companion Way	
		Longboat Key, FL 34228	□ Remove
			Change
			□ Add
			🗆 Remove
		•	Change
			🗆 Add
			□ Remove
			□ Change
			D Add
			_ Remove
			_□ Change

		
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	2:01 a.m. on the ea	rlier o
ated August 15 2018. Cheri Hyupa		
Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00