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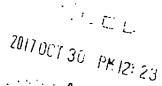
TO: Registration Se Division of Cor			
ZORS LLC SUBJECT:			
30BJEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTONIO REGOJO		
		Name of Person	
	AVENIDA LEGAL LLC		
		Firm/Company	
	12550 BISCAYNE BLVD	STE 110	
		Address	
	MIAMI, FL 33181		
	<u> </u>	City/State and Zip Code	
	INFO@AVENIDALEGAL		
	E-mail address: (to be used for future annual report notifi	(cation)
For further information of	concerning this matter, please c	all:	
ANTONIO REGOJO		305 814-8299	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

A.2.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ZORS 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 $\frac{01/22/2014}{1}$ and assigned Florida document number L14000012143 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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
MGR	ALAN ARTHUR ZARZAR	15771 NW 16TH COURT	B Add
		MIAMI GARDENS, FL 33169	Remove
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E. Effective da (If an effective of	te, if other than that is listed, the date is	ne date of futt nust be specific at	nd cannot be prior t	o date of filing or	more than 90 days a	after filing.) Pursuant	ю 605.020
Note: If the	date inserted in this effective date on the	block does not	meet the applica	ble statutory fill	ng requirements,	this date will not	be listed as
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If the record s	specifies a delay a day after the r	ed effective ecord is filed	date, but not l.	an effective	time, at 12:0	1 a.m. on the	earlier o
(b) The 90th	OBER 25		2017				
(b) The 90th			·	- '			
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(b) The 90th				-	4		
(b) The 90th		Signature of	n member or autho	rized representation	ve of a member	-	
(b) The 90th Dated	LEJANDRO ZARZ			rized representati	ve of a member	.	

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Filing Fee: \$25.00