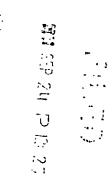
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COVER LETTER

TO: Registration S Division of Co	Section orporations			
JZ 793. L	.LC			
SUBJECT:	Name of Li	nuted Liability Company	· · · · · · · · · · · · · · · · · · ·	
	f Amendment and fee(s) are su tondence concerning this matte			
	Michael P. Gable			
	Law Office of Gable & H	Name of Person Heidt	f.	115 cas Hig
	4000 Hollywood Boulev	Firm/Company ard, Suite 735 South Tower		22 P
	Hollywood, FL 33021	Address		0 . 50 . 10
	michaelpgable@att.net	City State and Zip Code		
For further information o	E-mail address (concerning this matter, please c	to be used for future annual report notifull:	ication)	
Michael P. Gable		954 966-2501		
Name e	of Person		Telephone Number	-
Enclosed is a check for the	he following amount.			
■ \$25 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fer Certificate of \$1 Certified Copy (additional copy is t	tatus &
MAIL	ING ADDRESS:	STREET/COURIE	ER 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

JZ 793, LLC		
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company were filed on January		and assigned
Florida document number L14000014555	· -	
This amendment is submitted to amend the follows	ing:	Service Control of the Control of th
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	or the abbreviation to L. C "
Enter new principal offices address, if applicabl		
(Principal office address MUST BE A STREET A	(DDRESS)	. 8
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records address here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	l e e e e e e e e e e e e e e e e e e e
-		orida
	Ciù.	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
MGR	Limor Vieira	3237 NW 84 Way Cooper City, FL 33024	🖩 Add
			□ Remove
			☐ Change
MGR	Jack Zafrani	3237 NW 84 Way Cooper City, FL 33024	□ Add
			■ Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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ctive date, if other than th	e date of filing:	(option to of filing or more than 90 days after	nal)
: If the date inserted in this b	lock does not meet the applicable	ate of filing or more than 90 days after statutory filing requirements, this	filing) Pursuant to 605. date will not be liste
ment's effective date on the 1	Department of State's records		
ecord specifies a delave	d effective date, but not ar	n effective time, at 12:01 a	m on the earlie
e 90th day after the re	cord is filed.	refrective time, at 12.01 a	in. on the earne
, August 17	2018	1	
d			
	/		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00