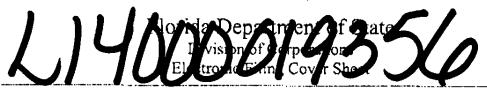
7/13/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H160001685763)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115

Phone

: (813)882-8426

Fax Number

: (813)884-0263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZIPJA LLC

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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	ZIPJA LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ALEXANDF	RE DE VITA	
		Name of Person	
	ZìPJA	ALLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	 -
	8820 CI	TRUS VILLAGE DR., #208	
		Address	
	TAME	PA, FL 33626	\$500
	RDASIL	City/State and Zip Codc /A@LIBERTYTAX.COM	TO D
	E-mail address: (to be used for future unnual report notifi	icution) 55 00
For further information	on concerning this matter, please c	ali:	
ALEXANDRE D	DE VITA	st (_786)448-9931	
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	for the following amount:		
\$25,00 Filing Fo	e S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (sublitional copy is enclosed)

MAILING ADDRESS:

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

ZIPJA LLC		
(Name of the Umited Limited Company as it now a (A Florido Limited Limitity Comp	uppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed colorida document numberL14000019356	on 02/04/2014	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	nv here;	
he new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbrevi	ation "L.L.C."
nter new principal offices address, if applicable:		
Principal office uddress MUST BE A STREET ADDRESS)	<u> </u>	D D
	LA	CO.
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-4.00 mm	ري شر دري شر	
nter new mailing address, if applicable:		<u>~</u>
Mailing address MAY BE A POST OFFICE BOX)		D
	O,+4 €	∞
	5A.	
If amending the registered agent and/or registered office address	ss on our records, <u>enter the</u>	name of the n
egistered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	er Florida street address	
	, Florida	
City		tip 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	SAMANTHA M DOS SANTOS	6720 TWELVE OAKS BLVD	Add
		TAMPA, FL 33634	Romove
			Change
			□ Add
			🖸 Remove
			☐ Change
			
			☐ Remove
			Change Change SECRETAR LLAHASS
			Decemove Dec
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Page 3 of 3

Filing Fee: \$25.00