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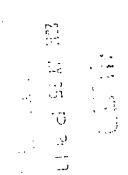
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B. BOSTICK

JUN 2 6 2014

ED AMINER.

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: ZOE f	l invest llc		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	-	
	iean louis le	normand	
	jean louis le	Name of Person	
	jll acounting	ра	
		Firm/Company	12.1.2 in 12.2.2
	5213 sw 91	Address	
	cooper city,		
	cooper city,	City/State and Zip Code	103
	lenorjl@yahoo.co		
For further information of	e-mail address: (to be used for future annual report notifiall:	canon)
jean louis l	_	954\257-30	033
	of Person	at (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)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

zoe fl invest llc				
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited I	iability Company were filed on _	02/13/2014	and	assigned
Florida document number 114000025407	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the	words "Limited Liability Company," t	he designation "LLC" or t	he abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			15.00 11.00 1.000	
_				k d
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	· 53	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		· U	<u> </u>
			- 	le carret
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>ent</u>	er the nar	ne of the n
Name of New Registered Agent:	jean louis lenormand			
New Registered Office Address:	5213 sw 91 ter			
- 	Enter F	lorida street address		
	cooper city	, Florida	33328	
	City		Zip Co	ode

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mgr	wegnerowicz halina	517 arthur godfrey rd miami beach ,fl 3314	0 ■ Add
			□ Remove
mgr	wegnerowicz zoe		□ Add
		517 arthur godfrey rd miami beach, fl 33140	Remove
			 □ Add
			_□ Remove
			_ _□ Add
			_□ Remove
			- D'Add
		· · · · · · · · · · · · · · · · · · ·	_□Remove
			_□ Remove
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	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
ne date t	
the date t	his document is filed by the Florida Department of State)
he date t	his document is filed by the Florida Department of State) D 6 12 2 11 5 Signature of a member or authorized representative of a member
ne date t	his document is filed by the Florida Department of State) D6 122 /15 This document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00