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(Rm 5-6-15

COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Zachary Mitchell Namoof Person CM Eire Investments, LLC Firm/Company 2300 Vivada Street, ortanko, Address Orlando, FL 32803 City/State and Zip Code Zmitchell 8@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zachary Mitchell at (407) 920-6440 Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

TO ARTICLES OF ORGANIZATION OF

C C	M Eire Investments, LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	and assigned 2/21/14 and assigned 3
This amendment is submitted to amend the followi	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
Zenn Propertie	S LLC
he new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicabl	le: 2
Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the neaddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	CHV ZIU 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

Authorized Member being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
<u> </u>			Add
			Remove
			□ Add
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Page 3 of 3

Filing Fee: \$25.00