

L14000062644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

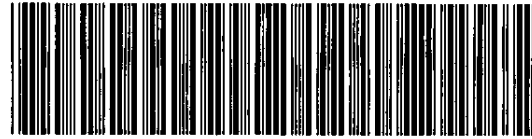
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500262843935

08/06/14--01009--012 \*\*30.00

FILED  
14 AUG -6 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 07 2014  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

Z9 Capital LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benzion Aboud

\_\_\_\_\_  
Name of Person

Z9 Capital

\_\_\_\_\_  
Firm/Company

999 NW 51st Street, Suite 101

\_\_\_\_\_  
Address

Boca Raton, FL, 33431

\_\_\_\_\_  
City/State and Zip Code

cgottlieb@publicreputation.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Gottlieb

561

245-7149

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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)

\$30 certified copy  
+ certificate of status

**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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Z9CAPITAL 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 April 16, 2014 and assigned  
Florida document number L14000062644.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**Z9 Capital LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

999 NW 51st Street, Suite 101

Boca Raton, FL, 33431

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

999 NW 51st Street, Suite 101

Boca Raton, FL, 33431

**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:

Chad Gottlieb

New Registered Office Address:

999 NW 51st Street, Suite 101

*Enter Florida street address*

Boca Raton

Florida 33431

*City*

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Benzion Aboud	17846 Cadena Drive	<input type="checkbox"/> Add
		Boca Raton, FL, 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 AUG - 6  
 14  
 SECRET  
 FBI  
 TAMPA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please note that the name is being changed so there is a space

- between "Z9" and "Capital".

The address is also being changed.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Aug 9, 2014.



Signature of a member or authorized representative of a member

Benzion Aboud

Typed or printed name of signee

FILED  
14 AUG -6 20 14 162  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310