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B.Callerin Control

COVER LETTER Registration Section TO: **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 Gier Name of Person Zachary Gier Enterprises LLC Firm/Company 1609 W Lester RD Address Apopka FL 32712 City/State and Zin Code Zacharygier @ quail.com E-mail address: (to boused for future annual report notification) For further information concerning this matter, please call:

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

ARTICLES OF AMENDMENT

TO

FILED

ARTICLES OF ORGANIZATION JUN -1 PM 2: 10

OF

Zachary Gier En	SECRETARY OF STATE LALLAHASSEE, FLORIDA
Zachary Gier En (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 21, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1609 W Lester RD
(Principal office address MUST BE A STREET ADDRESS)	1609 W Lester RD Apopka FL 32712
Enter new mailing address, if applicable:	1609 W Lester RD
(Mailing address MAY BE A POST OFFICE BOX)	1609 W Lester RD Apopka FL 32712
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: \(\lambda \text{OC}\)	9 W Lester Rd Enter Florida street address
Арор	Enter Florida street address Ka Florida 32712 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>c</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
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Filing Fee: \$25.00