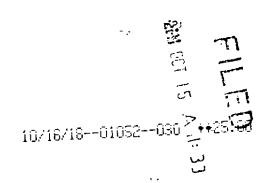
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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)	
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COVER LETTER

Division of Cor				
	ESIGNS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jamil Johnson			
	ZMARS DESIGNS LLC	Name of Person		
	Firm/Company 1945 SCOTTSVILLE ROAD B 2 222			
	BOWLING GREEN, KY -	Address 42104		
	info@zmarsdesigns.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	ation)	
For further information e	oncerning this matter, please co	all:		
Jamil Johnson		954 263-6434	<u> </u>	
Name o	f Person	at ()	Felephone Number	
Enclosed is a check for the	ne following amount:		- 5	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 ARTICLES OF ORGANIZATION OF

ZMARS DESIGNS LLC		
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our record lorida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liabili Florida document number		and assigned
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	1 521
(Mailing address MAY BE A POST OFFICE BOX		
••	registered office address on our record	s, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or r	registered office address on our record	
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records address here:	15 A. 1. 37
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our record	15 A. 1. 37
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records address here: Enter Florida street addres	15 A. 1. 37

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

	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	JOHN PADILLA	1709 N GRATZ ST #2 PHILADELPHIA, PA 19121	
			Remove
			☐ Change
			D Add
			Remove
			Change
		-	Remove
			Change
			Add
			Remove
			, at an
			☐ Change
			□ Vq q
			₩ Remove
			Change
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			☐ Change

ti am	nending any other inforn	iation, enter c	change(s) here	e: (Attach add	itional sheets.	if necessary.,)
							
		-					
							
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. Effec	ctive date, if other than t	ne date of filir	ng:			(optional)	
Note:	effective date is listed, the date n If the date inserted in this	block does not	meet the applica	able statutory fi	r more than 90 da ling requiremer	ys after filing.) its, this date w	Pürsuant to 605.0207 fill not be listed as
docur	ment's effective date on the	Department of	State's records.				ं ।
the re	ecord specifies a delay	ed effective	date, but no	t an effective	e time, at 12	::01 a.m. o	n the earlier of
	e 90th day after the re				·		 ພ ພ
Datec	October 08		2018			12	
Daice		Jay 1/1 (Lle	-: fr			
		Signature of a	member or autho	orized representat	ive of a member		
	Jamil Johnson	/					

Page 3 of 3

Filing Fee: \$25.00