LINCOOLILITS

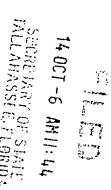
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10/06/14--01022--025 **25.00



COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT: Z	. B. ENTERPRIZES LLC Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	NAVAZO TAHJR Name of Person	
	2.B. ENTERPRIZES LLC. Firm/Company	
	1898. S. CIYde Morris Blud #610 Address	o
	DAYTONA BEACH FZ 32/19 City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
NAVA ZO Name of Pe	TATTA at (386) 444 - 00/6 Area Code Daytime Telephone Number	
Enclosed is a check for the for	llowing amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

Z.B. ENTE	RPRI.	2ES 2	24	
(Name of the Limited	A Florida Limited L	ny as it now appea: Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on	05-12-2	and assigned
Florida document number	76179			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	ility company he	ere:	
The new name must be distinguishable and end with the we	ords "Limited Liab	ility Company," the	designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)			7-40
		/		
		-		
Enter new mailing address, if applicable:				S &
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	-	/	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ce address here	fice address on	our records,	enterthe name of the new
Name of New Registered Agent:	NAU	IAID	TAH	TR ris BIND #610
New Registered Office Address:	1898	Enter Flor	Y OLE M.Y rida street address	ris BIND #610
	<u>1)AY</u>	TONA BI	EAet7, Flori	da 32/19 Ziv Code
New Registered Agent's Signature. if changing Re		Ciij		Zip Couc

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 If Changing Registered Agent, Signature of New Registered Agent company has been notified in writing of this change.

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> **Address Type of Action** _ Add □ Remove □ Add □ Remove Remove _□ Remove _□ Add ☐ Remove □ Add ☐ Remove

ffective of	tate, if other than the date of filing:
	10-3-14
	X Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

14 OCT -6 AMII: 44 SECRETARY OF STATE TALLAHASSEE, FLORID,