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EXAMINER

SEP 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

ZHW BLUE HERON LLC

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:

Syed A Ali

Name of Person

ZHW BLUE HERON LLC

Firm/Company

18104 Sw 5th ct.

Address

Pembroke Pines, FL, 33029

City/State and Zip Code

sabbasali72@gmail.com

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

For further information concerning this matter, please call:

Syed A Ali

ູ 954 85012

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)

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**

Znw Blue Heron LLc	,	
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 05/29/2014	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(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>ent</u> e address here:	er the name of the ne
		S 77
Name of New Registered Agent:		1 C) r.z.m
New Registered Office Address:	F . Cl	
	Enter Florida street address , Florida	D Siril
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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, Stanature 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>	Name	Address	Type of Action
MGR	Abbas Jaferi	18104 Sw 5th ct	Add
•		Pembroke Pines FL	■ Remove
		33029	
MGR Syed M Ali	Syed M Ali	18104 Sw 5th ct	■ Add
		Pembroke Pines FL	□ Remove
		33029	
			D Add
			□ Remove
		: -1 : -1	
			Add
		رو نه	Remove
			□ Add
			□ Remove
			
			🗖 Add
			□ Remove

D. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of f (The effective date must be specific, cannot be prior) the date this document is filed by the Florida Depar	to date of receipt or filed date and cannot be more than 90 days after
Dated September 16th	2014
	South
Syed Abbas Ali	of a member of authorized representative of a member
Cycu Abbas All	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00