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COVER LETTER

Division of Cor	porations	Frank Commence		F
ZION EMO SUBJECT:				
		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:		
	EDGAR MELO E COSTA			,
		Name of Person	•	
	ZION EMC LLC		•	
		, Firm/Company ,		
	6220 S ORANGE BLOSS	OM TRL STE 600	,	
		Address		
	ORLANDO, FL 32809			
		City/State and Zip Code		
	E.COSTA@EMCBRANDS			
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Name o	f Person	at () Area Code Daytime '	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

TO:

Registration Section

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

ZION EMC LLC		· =
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	200
(71) Total Billion	Endoning Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/25/2014</u>	o and assigned
Florida document number L1400010\$51		A OF STATE
		Fo 6
This amendment is submitted to amend the following:		92 5
A. If amending name, enter the new name of the limited liab	ility company here:	O.
ELP VENTURES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2455 EAST SUNRISE BLVD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 916	
	FORT LAUDERDALE, FL 3330	04
Enter new mailing address, if applicable:	2455 EAST SUNRISE BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 916	
	FORT LAUDERDALE, FL 3330)4
	<u> </u>	
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office / Radiess.	Enter Florida street address	100 100
	. Flori	ida
	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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ELISABETE D. MELO E COSTA	1507 S HIAWASSEE RD # 101	
		ORLANDO, FL 32835	Remove
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			Change
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	e specific and cannot be prio	cable statutory filing re		g.) Pursuant to 605.020'
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Filing Fee: \$25.00