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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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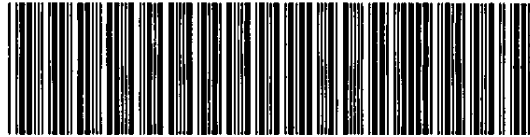
(Business Entity Name)

(Document Number)

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15 MAR -2 AM 11:12  
SECRETARY OF STATE  
TAMPAH COUNTY, FLORIDA

3. 2015 MAR 12 10:00

**WOODWARD, PIRES, & LOMBARDO, P.A.**  
**ATTORNEYS AT LAW**

Craig R. Woodward  
Mark J. Woodward  
Anthony P. Pires, Jr.  
J. Christopher Lombardo

Robert E. Murrell, of Counsel

Jennifer DeVries  
Jennifer M. Tenney  
Matthew P. Flores  
J. Todd Murrell

**Respond to the Naples Office:**  
3200 Tamiami Trail North  
Suite 200  
Naples, FL 34103  
Phone: 239-649-6555  
Facsimile: 239-649-7342

**MEMORANDUM**

TO: Registration Section, Division of Corporations  
FROM: Kelly Hebble, Paralegal ([khebble@wpl-legal.com](mailto:khebble@wpl-legal.com))  
DATE: February 27, 2015  
RE: PZK-US, LLC

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Please find enclosed herein documentation with respect to the captioned LLC, as follows:

1. Cover Letter;
2. Articles of Amendment to Articles of Organization; and
3. Our firm's operating account check #3875 in the amount of \$25.00 as payment for the LLC Amendment filing fee.

Please do not hesitate to contact our office if you have any questions or concerns with respect to this matter. Thank you for your assistance.

*Thank you!*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PZK-US, 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:

**Matthew P. Flores**

\_\_\_\_\_  
Name of Person

**Woodward, Pires & Lombardo, P. A.**

\_\_\_\_\_  
Firm/Company

**3200 Tamiami Trail N., Suite 200**

\_\_\_\_\_  
Address

**Naples, Florida 34103**

\_\_\_\_\_  
City/State and Zip Code

**mflores@wpl-legal.com**

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

For further information concerning this matter, please call:

**Matthew Flores**

at ( **239** ) **649-6555**

\_\_\_\_\_  
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**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 30, 2014 and assigned  
Florida document number L14000120490.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Matthew P. Flores

New Registered Office Address:

3200 Tamiami Trail N., Suite 200

*Enter Florida street address*

Naples

, Florida

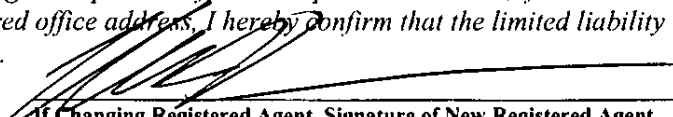
*City*

34103

*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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 24, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

J. Kratochvil  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 MAR -2 AM 11:12  
STATE OF FLORIDA  
TALLAHASSEE