## L1400123940

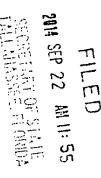
(Pa	questor's Name)	
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## COVER LETTER \*

TO: Registration Sec Division of Corp			
SUBJECT: ZeroE	S, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Lina Nasser	,	
	Lina Masser	Name of Person	
		· · · · · · · · · · · · · · · · · · ·	
		Firm/Company	
	690 NE 64 C		
	000 INE 04 3	Street, A-203	
		Address	
	Miami, FL 3	3138	
		City/State and Zip Code	
	nuninasser65@g		
	·	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please or	all:	
Lina Nasser	-	<sub>at</sub> (786) 663-20	626
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

FILED

2014 SEP 22 AN II: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ZeroBS, LLC		
(Name of the Limited Liab (A Flori	llity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000123940	Company were filed on 08/01/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
LINA MARIA NASSER, LLC		
The new name must be distinguishable and end with the words "l	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 ADI	ORESS)	
Enten vog meiling oddung if ourlinghis		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ter the name of the
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	;
	, Florida	
<del></del>	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 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 = M $AMBR = A$	anager uthorized Member		<i>}</i>
Title	Name	Address	Type of Action
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			Remove
			Add
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Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to dathe date this document is filed by the Florida Department	te of receipt or filed date and ca	(optional) mot be more than 90 days after
Dated September 18	2014	
	·	
	>>-	,
C!		
Signature of a s	nember or authorized represen	tative of a member

Page 3 of 3

Filing Fee: \$25.00

2014 SEP-22 AM II: 55