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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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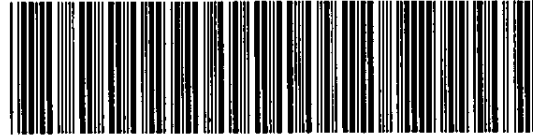
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 05 2016
J. HARRIS



WRIGHT, FULFORD, MOORHEAD & BROWN
ATTORNEYS

WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.
505 MAITLAND AVENUE / SUITE 1000 / ALTAMONTE SPRINGS, FL 32701
407 425 0234 PHONE / 407 425 0260 FAX / www.wfmblaw.com

March 30, 2016

Via U.S. Mail

Division of Corporations
Attention: Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: ZNES Group, LLC
Our File Number: 2318-1

To Whom It May Concern:

For filing, enclosed please find a Cover Letter and Articles of Amendment to Articles of Organization of ZNES Group, LLC. Also, enclosed please find my firm's check number 7162 in the amount of \$25.00 which represents your filing fee. Please process this request at your earliest convenience.

Thank you for your attention to this matter. Should you have any questions, please contact my office at 800-327-0234.

Sincerely,



Travis W. Fulford
twfulford@wfmblaw.com

TWF/tnr
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZNES GROUP, 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:

SEAN MIRSKY

Name of Person

ZNES GROUP, LLC

Firm/Company

1485 INTERNATIONAL PARKWAY, SUITE 2051

Address

LAKE MARY, FLORIDA 32746

City/State and Zip Code

smirsky@znesgroup.com

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

For further information concerning this matter, please call:

SEAN MIRSKY

312 772-5051
at ()

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**

ZNES GROUP, LLC

(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 09/25/14 and assigned
Florida document number L14000150223.

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 contain 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: Wright, Fulford, Moorhead & Brown, P.A., c/o Travis W. Fulford, Esquire

New Registered Office Address: 505 Maitland Avenue, Suite 1000

Enter Florida street address

Altamonte Springs, Florida 32701

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT TOLLE	1578 Cherry Blossom Terrace	<input type="checkbox"/> Add
		Lake Mary, Florida 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
MILAN
APR 1 2 2011

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

[illegible]

E. Effective date, if other than the date of filing: 01/01/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

3/29/2016


Signature of a member of the board

Signature of a member or authorized representative of a member

Sean Miskv

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 APR -1 PM 2:20
SECRETARY OF STATE
WASHINGTON, D.C. 20520

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