## LHOUIU8127

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## COVER LETTER

TO: Registration Se Division of Cor			
Zigsoft, l	rc		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amie Foxx		
		Name of Person	
	Zigsoft, LLC		
		Firm/Company	
	4531 Bay Beach Lar	ne #336	
		Address	
	Ft. Meyers, FL 3393	1	2014 NOV 1-0
		City/State and Zip Code	. ۲۳۳ ا <del>یا</del> م
	michael@vcpa.com	to be used for future annual report notificat	
For further information	concerning this matter, please c	·	ion) 1.081838
Michael G. Chand	ross	561 995-0064	
Name	of Person	Area Code Daytime Te	elephone Number
Enclosed is a check for	the following amount:		,
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: stration Section	STREET/COURIER Registration Section Division of Corporation	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Zigsoft, LLC	
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ned	cles of Organization for this Limited Liability Company were filed on October 28, 2014 and assignd document number L14000168127	The Art
	endment is submitted to amend the following:	This am
	nending name, enter the new name of the limited liability company here:	A. If a
	t, LLC	Zigiso
L.C."	name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	he new
<del></del>	ew principal offices address, if applicable:	Enter n
Tr:00-	oal office address MUST BE A STREET ADDRESS)	(Princi)
TT.	ffice address MUST BE A STREET ADDRESS)	
egracionale yazuneneali		
F-1943	ew mailing address, if applicable:	Enter :
	g address MAY BE A POST OFFICE BOX)	(Mailir
	25	
f the new	amending the registered agent and/or registered office address on our records, <u>enter the name of</u> red agent and/or the new registered office address here:	
	Name of New Registered Agent:	
	New Registered Office Address:	
	Enter Florida street address	
	. Florida	
	City Zip Code	
<u>-</u>	Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	

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

	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ Remove
			·
			Add
			Remove
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ctive date, if other tha	an the date of filing: (option	al)
	an the date of filing: (option ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State)	al) er
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Filing Fee: \$25.00

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