L14000169384

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	

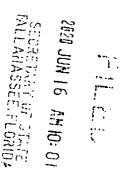
Office Use Only



500343141665

08/16/20--01023--016 ++25.00

04/13/20--01036--023 **52.50



COVER LETTER

	stments LLC		
UBJECT:	Name of Limite	d Liability Company	
he enclosed Articles of a	Amendment and fee(s) are subm	itted for filing.	
	ndence concerning this matter to		
	Ginger Harris		
		Name of Person	
	ZO-ZO Investments LLC		
		Firm/Company	
	1776 Challen Avenue		
		Address	· · · · · · · · · · · · · · · · · · ·
	Jacksonville FL 32205		
		City/State and Zip Code	
	gingerpdco@gmail.com	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	l i :	
Ginger Harris		904 349-3221 at () Area Code Daytime	Telephone Number
Name	of Person	Area Code Daytiik	, receptions values
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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 enclose)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZO-ZO Investments LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000169384	were filed on 10/30/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7A 20
Principal office address MUST BE A STREET ADDRESS)	1776 Challen Avenue	
Timenal Office unders Moor Barras Moor Barras	Jacksonville, FL 32205	2
Enter new mailing address, if applicable:	1776 Challen Avenue	6 AH
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville FL 32205	0. C
		مر حر
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. 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 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>	Address	Type of Action
MGR	Ginger Harris	1776 Challen Avenue	= Add
		Jacksonville FL 32205	□ Remove
			Change
MGR	Karma Edwards	1776 Challen Avenue	□Add
		Jacksonville FL 32205	Remove
			Gillange F
			EFLORIDA OREMOVE
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			□Change

		2620
•		. ڪ
	ンファン タン	
	in e.	9 1
 	[m] ()	<u>**</u>
 	0717 0717 0717	<u>.</u>
 	`&+ `	

Filing Fee: \$25.00