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COVER LETTER

1.

SUBJECT:	ZH CAPITAL	WORLD WIDE, LLC			
SUBJECT:	Name of Lim	ited Liability Company		-	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	N	nichael Seth Cohen			
		Name of Person		· ·	
	ZH C	apital World Wide, LLC			
Firm/Company			_		
	255 A	lhambra Circle, Suite 700			
Address		_			
	Cor	al Gables, FL 33134		-1 2	
		City/State and Zip Code		2015 F	-
		dn@msc-law.com		. Hand EB	*****
	E-mail address: (to be used for future annual report notif	cation)	385 744 744	
For further information	concerning this matter, please c	all:		Y OF FEE	The state of the s
	Seth Cohen	at ()	18-7676 	3: 21 STATE ORID	
Name	of Person_	Area Code Daytime	Telephone Numb	er	
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)	Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)	

2.3

Registration Section Division of Corporations

TO:

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

	PITAL WORLD WIDE, LLC
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	ty Company were filed on December 22, 2014 and assigned
This amendment is submitted to amend the following	g:
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 AL	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
	77
B. If amending the registered agent and/or re	egistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	address here:
	SS I
Name of New Registered Agent:	ECO N
	5° ± 11
New Registered Office Address:	Enter Florida street address
	

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>	Address	Type of Action
MGR	FRANCESCO ZUNINO	255 Alhambra Circle, Suite 700	
		Coral Gables, FL 33134	■ Remove
MGR	BEATRIZ MUNOZ	255 Alhambra Circle, Suite 700	■ Add
		Coral Gables, FL 33134	□ Remove
MGR 	MICHAEL SETH COHEN	255 Alhambra Circle, Suite 700	
		Coral Gables, FL 33134	□ Remove
			Remove
			Add SIAI Remove
			□ Remove

famendi	ing any other information	on, enter change(s) here: (Attach additional sheets	, if necessary.)
, -			
			
_			
Iffective (The effective the date this	date, if other than the dedate must be specific, cannot s document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and cannot be more than da Department of State)	_ (optional) 90 days after
Dated	January 27	2015	
•	Si	gnature of a member or authorized representative of a member	
		MICHAEL SETH COHEN	
		Typed or printed name of signee	

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Filing Fee: \$25.00

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