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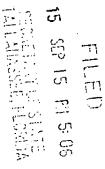
(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(B	usiness Entity Name)
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SEP 15 2015 S. YOUNG

COVER LETTER

Division of Corp	orations			£
SUBJECT.	Del Boo	ea Vista GP, LLC		
SUBJECT:	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:		
		Rowland H. Geddie, III		
Please return all correspond For further information con Rowland H. Geddie, III Name of F		Name of Person		-
		Gardner Capital, Inc.		
	 :	Firm/Company		-
	1414	4 E. Primrose Street, Suite 100	de com leal report notification) 447-4623 Daytime Telephone Number 25 \$60.00 Filing Fee, Certificate of Status &	
		Address		
	S	Springfield, Missouri 65804		
		City/State and Zip Code		写答 面
		eddie@gardnercapital.com to be used for future annual report notifi	cation)	最高の
For further information co	ncerning this matter, please ca	·		*
Rowland H. Geddie, III		417 447-4623 at ()		
Name of	Person	Area Code Daytime	Telephone Numbe	г
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)	Certifica Certified	ate of Status & I Copy

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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	ista GP, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on January 6, 2015	and assigned
Florida document number L15000002860	•	*
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Zephyr Prese	•	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		्र ज
		1 2 1
		総の品
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(17
B. If amending the registered agent and/or registered	office address on our records, ente	r the name of the ne
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	7. 0.1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	

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>	Type of Action
			☐ Add
			□ Remove
			Change
			Add
		<u></u>	□ Remove
			□ Change
			5
			□ Remove □ Change
			☐ Change
			□ Remove
			Change
			Remove
			Change
 			Add
			Remove
			Change

If amending any other in	formation, enter change(s) here: (Attach additional sheets,	if necessary.)	
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			-6.
Effective data if other the	n the data of filings	(antional)	
(If an effective date is listed, the d Note: If the date inserted in	and the date of filing: ate must be specific and cannot be prior to date of filing or more than 90 dath this block does not meet the applicable statutory filing requirement	ys after filing.) Pursuant to nts, this date will not be	: listed as tl
document's effective date or	the Department of State's records.		. 8 . 9
the record specifies a de The 90th day after th	layed effective date, but not an effective time, at 12 e record is filed.	2:01 a.m. on the ea	arlier of:
Dated September 3	, 2015		
	aden /h		
	Signature of a member or authorized representative of a member		_
	Adam C. Horton, Manager		_
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00