

L15000031038

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17 MAY - 1 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZEKANOVIC 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:

GORDANA ZEKANOVIC
Name of Person
ZEKANOVIC LLC
Firm/Company
5726 MAGNOLIA STREET NORTH
Address
ST. PETERSBURG, FL 33703
City/State and Zip Code
rzekanovic@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GORDANA ZEKANOVIC at (727) 666-9444
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**

ZEKANOVIC 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 02/06/2017 and assigned Florida document number L15000031038.

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:

5726 MAGNOLIA STREET NORTH

(Principal office address MUST BE A STREET ADDRESS)

ST. PETERSBURG, FL 33703

Enter new mailing address, if applicable:

5726 MAGNOLIA STREET NORTH

(Mailing address MAY BE A POST OFFICE BOX)

ST. PETERSBURG, FL 33703

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:

GORDANA ZEKANOVIC

New Registered Office Address:

5726 MAGNOLIA STREET NORTH

Enter Florida street address

ST. PETERSBURG

City

Florida

33703

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

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TALLAHASSEE, FLORIDA

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	GORDANA ZEKANOVIC	5726 MAGNOLIA STREET N.	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RADENKO ZEKANOVIC	5726 MAGNOLIA STREET N.	<input type="checkbox"/> Add
		ST. PETERBURG, FL 33703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TREASURER OF LOUISIANA

E. Effective date, if other than the date of filing: _____ (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 4-27, 17

RADENKO ZEKANOVIC
Signature of a member or authorized representative of a member

RADENKO ZEKANOVIC
Typed or printed name of signee