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(Re	questor's Name)	<u>-</u>
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COVER LETTER

TO:	Registration Sec Division of Corp			
eun æ	ZJF BRANI			
SUBJE	CT:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Neil S. Schecht		
			Name of Person	
		Neil S Schecht, P.A.		
			Firm/Company	
		3630 W Kennedy Blvd.		
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
		nss@schechtlaw.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Neil S	Schecht		813 353-9500 at ()	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

ZJF BRANDS 2 LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 2/19/2015	and assigne
Florida document number L15000031708		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
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:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		19 18 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		s, enter the name of t
New Registered Office Address:		
	Enter Florida street addres.	S
	, Flo	orida
	City	Zin 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

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	KAREN J. ROEDER	1110 OVERCASH DR., UNIT G, DUNEDIN, FL 34698	Add
			Remove
			Change
MGR	ZACHARY J. FEINSTEIN	1110 OVERCASH DR., UNIT G DUNEDIN, FL 34698	
			☐Remove
	<u></u>		□Add
			© Remove
		 	Change
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ective date, if other a cliective date is listed te: If the date insert cument's effective date.	l, the date must be spe ted in this block do	cific and cannot les not meet the	pe prior to date of applicable statu	filing or more than 9 story filing require	(optional) 0 days after filing.) P ments, this date wi	ursuant to 605 11 not be list	5.020 ted a
record specifies The 90th day afte			ut not an eff	ective time, at	: 12:01 a.m. or	the earli	ier (
ed//>	4-	<u>, 20</u>	15				
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Filing Fee: \$25.00