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2015 MAY 18 PH 3: 53

J. HARRIS

## **COVER LETTER**

Division of Cor	porations		
ZARU, LL SUBJECT: _			
		nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
			•
		BLANCA DIAZ	
		Name of Person	
		ZARU, LLC	
		Firm/Company	<u> </u>
	19101 M	AYSTIC POINTE DR APT 603	
		Address	
		AVENTURA, FL 33180	
		City/State and Zip Code	<u> </u>
		zarugroup@gmail.com	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
BLANCA DIAZ		954 5496538 at ( )	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)

Registration Section

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

ZARU, LLC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were five Florida document number	iled on03/09/2015	and assigned	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		70 77	
(Principal office address MUST BE A STREET ADDRESS)		ECRETA 1	
Enter new mailing address, if applicable:		SSEE OF PA	
(Mailing address MAY BE A POST OFFICE BOX)		- CONTROL - CONT	
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>e</u>	nter the name of the new	
New Registered Office Address:	Enter Florida street address	·	
	, Florida		
City New Registered Agent's Signature, if changing Registered Agent:		Zip Code	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perform		~-·	

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action	
MGR	DÂ OLEO, PAMELA	19101 MYSTIC POINTE DR		
		APT 603, AVENTURA	■ Remove	
		FLORIDA, 33180	Change	
MGR [	D OLEO, PAMELA PAOLA	19101 MYSTIC POINTE DR	■ Add	
		APT 603, AVENTURA	□ Remove	
		FLORIDA, 33180	Change	
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Note: If the document's one record	date inserted in this block does effective date on the Departmen	fic and cannot be prior to date of filing or mo s not meet the applicable statutory filing at of State's records.	grequirements, this date will not be li	isted as t
Dated	May 14th	2015		
	Plane Signatur	e of a member and uthorized representative	of a member	
_	Signatur		SECT	7115 HAY
_		BLANCA DIAZ		.IL
_		Typed or printed name of signee	م منتقر من ا	HAY 18
_			ARY OF (SSEE.F	