L/5000051766

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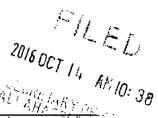
ZAG918 I	LC		
SUBJECT:	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	Dennis R. Haber, Esq.		
		Name of Person	
	Dennis R. Haber, PA		,
	·	Firm/Company	
	8925 SW 148 St., #200		
	# (Address	
	Miami, Fl 3376		
		City/State and Zip Code	
	Dennis@lawyermiami.com		
For further information of	E-mail address: (to	be used for future annual report notifi	cation)
Dennis R. Haber		305 256-3002	
Name (of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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



ZAG918 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 Line Florida document number L15000051766 This amendment is submitted to amend the follows:	·	and assigned
A. If amending name, enter the new name of	the limited liability company here:	
na		
The new name must be distinguishable and contain the we	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: na	
(Principal office address MUST BE A STREE	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/o	na OX) r registered office address on our records, er	ater the name of the ne
registered agent and/or the new registered off	ce address here:	
Name of New Registered Agent:	na	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	City	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

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	James Ballesterso	1845 S. Ocean Blvd	
		Delray Beach, Fl 33483	■ Remove
			Change
MGR	Felipe Biancalana	1440 Lee Wagener Blvd., #100	Add
		Ft. Lauderdale, Fl 33315	☐ Remove
			Change
			Add
			☐ Remove
			72 Change
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Typed or printed name of signee

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