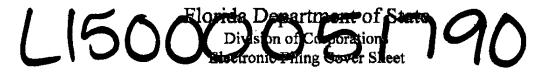
To: 850-617-6383 Division of Corporations From: moses nae

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(((H15000232272 3)))



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Division of Corporations

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From:

Account Name : TAXLEAF.COM INC

Account Number : I20140000084 : (305)541-3980 Phone

Fax Number : (305)541-7033

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ZOUMATO LLC**

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To: 850-617-6383

From: moses nae

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H15000232272 3 ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

ZOUMATO LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now auteurs on our receited Liability Company)	ाती.)
The Articles of Organization for this Limited Liability Comparing document number L15000051790	any were filed on 03/23/2015	and assigned
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	Liability 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	<u> </u>	200 B
		25 ×
		TO TO THE PARTY OF
Enter new mailing address, if applicable:		SSS 28
(Mailing address MAY BE A POST OFFICE BOX)		COS EN PO
		<u>ာ</u> ပ္ပံု က
		200 P
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our reco here:	rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	rest
	· · · · · · · · · · · · · · · · · · ·	Florida
	City	Zip Code

New Resistered 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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From: moses nae

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	Name	<u>Address</u>	Type of Action
MGR	ROCA-RIBAS SERDA, FRANCISCO M	3111 N UNIVERSITY DR STE 1	05 ■ Add
		CORAL SPRINGS, FL 330	
		·	□ Remove
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			Remove
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			☐ Remove

From: moses nae

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D.	If am	ending	any otl	er Inform	ation, e	nter cha	nge(s) he	re: (Attaci	h additiona	l sheets,	if necessary.)
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	,	<u></u>	<u></u>		·				<u> </u>		
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E.	Effect (The effi the dat	ive dat cotive da c this do	e, if oth te must be current is	er than the specific, car	ne date o mot be pri Florida De	of filing: or to date of partment o	ofreceipt or of State)	filed date or	d cannot be m	ore than !	_ (optional) 90 days efter
				BER			2015	-i	XI		
					Signatur	n of a me	mber or aut	porized repr	esentative of	i member)

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SECRETARY OF STATE