

**L15000051790**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000232272 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305) 541-3980  
Fax Number : (305) 541-7033

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

SEP 29 2015  
J. HARRIS

**H15000232272 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**ZOUMATO 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 03/23/2016 and assigned Florida document number L15000061790.

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 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)**

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Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:** \_\_\_\_\_

**New Registered Office Address:** \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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**

**H15000232272 3**

**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:**

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                   | <u>Address</u>               | <u>Type of Action</u>                   |
|--------------|-------------------------------|------------------------------|---|
| MGR          | ROCA-RIBAS SERDA, FRANCISCO M | 3111 N UNIVERSITY DR STE 105 | <input checked="" type="checkbox"/> Add |
|              |                               | CORAL SPRINGS, FL 33065      | <input type="checkbox"/> Remove         |
|              |                               |                              | <input type="checkbox"/> Add            |
|              |                               |                              | <input type="checkbox"/> Remove         |
|              |                               |                              | <input type="checkbox"/> Add            |
|              |                               |                              | <input type="checkbox"/> Remove         |
|              |                               |                              | <input type="checkbox"/> Add            |
|              |                               |                              | <input type="checkbox"/> Remove         |
|              |                               |                              | <input type="checkbox"/> Add            |
|              |                               |                              | <input type="checkbox"/> Remove         |
|              |                               |                              | <input type="checkbox"/> Add            |
|              |                               |                              | <input type="checkbox"/> Remove         |

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**H15000232272 3**

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 25 , 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**ERICA BIARNES OSORIO**  
Typed or printed name of signer

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