1500084304

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	Registration Division of C	Section Corporations		
SUBJEC	ZON BE	ACHSIDE, LLC.		
000000	··	Name of Lin	nited Liability Company	
The enclo	sed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all corres	pondence concerning this matter	to the following:	
		Michael Hennen		
			Name of Person	
		Hennen Law PLLC		
			Firm/Company	
		425 W Colonial Dr Ste 20-	4	
			Address	
		Orlando FL 32804		
			City/State and Zip Code	
		Michael@HennenLaw.com		
			to be used for future annual report noti	fication)
For further	information	concerning this matter, please ca	aff:	
Michael H	ennen		407 203 1102 at ()	
	Name	of Person	Area Code Daytim	c Telephone Number
Enclosed is	s a check for	the following amount:		
□ \$2 5.00	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

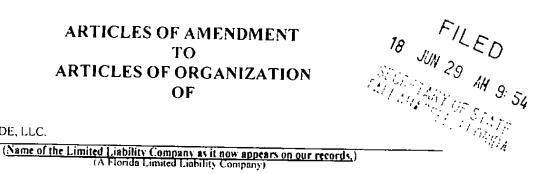
TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



ZON BEACHSIDE, LLC.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

The Articles of Organization for this Limited Liability Company were filed on 05/12/2015 ____ and assigned Florida document number L15000084304 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 contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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	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>	Name	Address	Type of Action
Manager	Zon Management Inc	1894 S Patrick Dr	
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		Indian Harbour Beach FL 32937	□ Remove
			Change
			
			Remove
			Change
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ffective date, if other than t	he date of filing	03/21/2018				
ffective date, if other than the an effective date is listed, the date intered in this occurrent's effective date on the	iust be specific and	Cannot be prior t	o date of filing	g or more than 9	(Optional) I days after filing.)	Pursuant to 605,0207
ocument's effective date on the	Department of St	tate's records.	ole statutory	filing require	nents, this date v	will not be listed as t
annessed si 160 milionis						
e record specifies a delay The 90th day after the r	ad effective da cord is filed.	ate, but not	an effecti	ive time, at	12:01 a.m. c	on the earlier of:
March 26	 .	2018				
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Filing Fee: \$25.00