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(City/State/Zip/Phone #)

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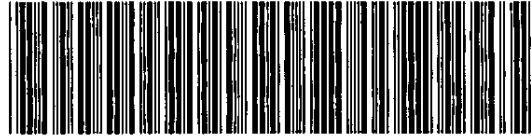
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A 2 Z PRODUCTION SOLUTIONS, L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Brock McClane  
Name of Person

Fisher Rushmer, P.A.  
Firm/Company

390 North Orange Avenue, Suite 2200  
Address

Orlando, Florida 32801  
City/State and Zip Code

dkallas@fisherlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah A. Kallas  
Name of Person

407  
Area Code

535-4876  
Daytime Telephone Number

Enclosed is a check for the 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**

A 2 Z PRODUCTION SOLUTIONS, L.L.C.

(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 06/11/2015 and assigned Florida document number L15000104033.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

390 NORTH ORANGE AVENUE, SUITE 2200

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FLORIDA 32801

**Enter new mailing address, if applicable:**

390 NORTH ORANGE AVENUE, SUITE 2200

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

ORLANDO, FLORIDA 32801

**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:

J. BROCK MCCLANE

New Registered Office Address:

390 NORTH ORANGE AVENUE, SUITE 2200

*Enter Florida street address*

ORLANDO

, Florida

32801

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	ZOLLO, GARY A, III	2628 INDIA PALM DR, APT.1	<input type="checkbox"/> Add
		EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIZENTINE, BILLY	2628 INDIA PALM DR, APT.1	<input type="checkbox"/> Add
		EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 PALM BEACH, FLORIDA

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

Multiple horizontal lines for amending information.

15 DEC - 7 PM 4: 10  
RECORDS DIVISION  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated December 3, 2015

Handwritten signature of J. Brock McClane

Signature of a member or authorized representative of a member

J. Brock McClane, Manager

Typed or printed name of signee