

L15000116580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

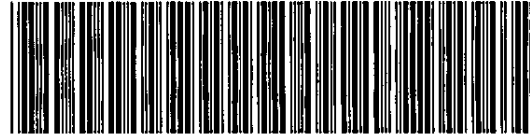
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600278883246

11/09/15--01009--003 \*\*25.00

FILED

2015 NOV -9 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 12 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ZAN REALTY, LLC

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

SALIT ZELEKOVITZ

\_\_\_\_\_  
Name of Person

ZAN REALTY, LLC

\_\_\_\_\_  
Firm/Company

9350 FOX TROT LANE

\_\_\_\_\_  
Address

BOCA RATON, FL 33496

\_\_\_\_\_  
City/State and Zip Code

SALIT18@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALIT ZELEKOVITZ

917 541-9370

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

ZAN REALTY 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 7/7/2015  
Florida document number L15000116580

**FILED**  
2015 NOV -9 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

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	SALIT ZELEKOVITZ	9350 FOX TROT LANE	<input type="checkbox"/> Add
		BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NANCY TAI	NO. 3, ALLEY 9, LANE 216	<input checked="" type="checkbox"/> Add
		TONG SHIH STREET, XIZHI DI	<input type="checkbox"/> Remove
		TAIPEI CITY, TAIWAN 22141	<input type="checkbox"/> Change
AMBR	SALIT ZELEKOVITZ	9350 FOX TROT LANE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEOR ZELICOVITZ	67-10B 136TH STREET	<input checked="" type="checkbox"/> Add
		FLUSHING, NY 11367	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>PRES</u>	<u>Nancy Tai</u>	<u>No. 3, Alley 9, Lane 216</u>	<input checked="" type="checkbox"/> Add
		<u>Tong Shih Street, Xizhi Dist.</u>	<input type="checkbox"/> Remove
		<u>Taipei City, Taiwan 22141</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE CHANGE SALIT ZELEKOVITZ FROM "MGR" TO "AMBR"

FILED  
2015 NOV -9 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


E. Effective date, if other than the date of filing: 10/1/2015 (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 10/1/2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SALIT ZELEKOVITZ

\_\_\_\_\_  
Typed or printed name of signee