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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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O. BKUCE

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	gistration Sec vision of Corp			
SUBJECT:	ZAN REAL	TY, LLC		
JOBQLO1.		Name of Limi	ited Liability Company	
		amendment and fee(s) are subradence concerning this matter t	_	
	, a.i. con espon	DANIEL STATLANDER	to the following.	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		STATELAND BROWN, L	LC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		7300 W CAMINO REAL,	SUITE 201	
			Address	
		BOCA RATON, FL 33433		2016 TALL
			City/State and Zip Code	ation) FEB -5
		E-mail address: (t	to be used for future annual report notific	ation) m o
For further i	nformation co	ncerning this matter, please ca	all:	
DANIEL S	ΓATLANDER	L.	561 245-8722 at ()	3: 5 I
	Name of	Person		Celephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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**

ZAN REALTY, LLC			
(<u>Name of the Limi</u>	(A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited L	iability Company	were filed on JULY 7, 2015	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	, , ,	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	7300 W CAMINO REAL	
(Principal office address MUST BE A STREE	T ADDRESS)	SUITE 201	28
		BOCA RATON, FL 33433	27 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV	7300 W CAMINO REAL SUITE 201	ASSELFI
IMALING AUGUSS MAT BE A FOST OFFICE	<u>BUAJ</u>	BOCA RATON, FL 33433	
			THE THE PARTY OF T
B. If amending the registered agent and registered agent and/or the new registered o			ds, enter the name of the
Name of New Registered Agent:	DANIEL STAT	FLANDER	
New Registered Office Address:	7300 W CAMINO REAL, SUITE 201		
		Enter Florida street addr	es2
	BOCA RATON	, F	Florida <u>33433</u>
		City	Zip Code

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
AMBR	SALIT ZELEKOVITZ	9350 FOX TROT LANE	
		BOCA RATON, FL 33496	Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
		AH AP	Remove Control Remove Control Remove Control Remove
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			☐ Change

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tive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor.	ng or more than 90 days after filing.) Pursuant to 6
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the ear
e 90th day after the record is filed.	
Die. 4. 2015. Many	
Nangl	en.
Signature of a member or authorized representation	ntative of a member

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Filing Fee: \$25.00