Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I2007000020

Phone : (813)435-3176 Fax Number

: (713)429-1276

**Enter the email address for this business entity to be used for future

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ANZ INVESTMENTS VENTURE, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

Thursday, July 23, 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANZ INVESTMENTS VENTURE, LLC	•	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our record ulity Company)	1.)
The Articles of Organization for this Limited Liability Company we	ere filed on 07/20/2015	and assigned
Florida document number LI 5000121357		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the limited liabilit	y company here:	
ZNA Investments LLC	: :	•
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)	:	
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	; ;	- 2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Appropria
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B. If amending the registered agent and/or registered offic	e address on our records	onter the name of the new
registered agent and/or the new registered office address here:		10 m
A		^유 를 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	.
		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	į	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, an vided for in Chapter 605, I	d Lam familiar with and F.S. Or, if this document is
If Changin	g Registered Agent, Sinnature o	New Registered Agent
Page 1 of	г3	

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> </u>	Name	Address	Type of Action
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effective date is listed, the date: If the date inscribed in t	te must be specific	and cannot be prio	r to date of filing o	or more than 90	days after filin	g.) Pursuant to	605.0207 listed as
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7 7//	Signature o	f a member or auth	orized representa	tive of a memb	er -		
, ,,,			DEDDEGENIA	EDIE OF L			
NICKOLAS J. SP	RADLIN ESO	AUTHORIZED	KEFKENENTA	CHVEDEA	MEMBER		

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Filing Fee: \$25.00