

115000128704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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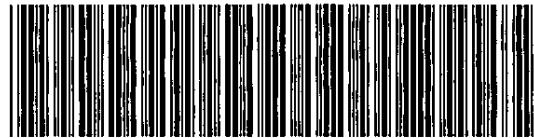
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 02 2016

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZAIRA LILIANA MELENDEZ, 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 07/28/2015 and assigned
Florida document number L15000128704.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ZAIRA LILIANA MEJIA, 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)

2732 BALFON TOWER WAY

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable: The same,

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 783893

Winter Garden, FL 34778

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:

ZAIRA L. MEJIA

New Registered Office Address:

2732 BALFON TOWER WAY

Enter Florida street address

WINTER GARDEN

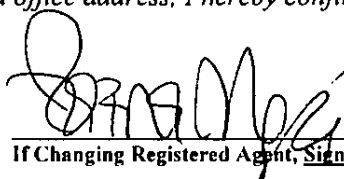
City

Florida

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	ZAIRA L. MELENDEZ	241 AFTON SQ. - UNIT 105	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS	<input checked="" type="checkbox"/> Remove
		FL 32714	<input type="checkbox"/> Change
MGR	ZAIRA L. MEJIA	2732 BALFON TOWER WAY	<input checked="" type="checkbox"/> Add
		WINTER GAREN , FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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.

(b) The 90th day after the record is filed.

Dated Oct 26th, 2016

Signature of a member of _____

Signature of a member or authorized representative of a member

ZAIRA L. MEJIA

Typed or printed name of signee

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