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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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15 NOV 16 PH 3: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 1 6 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 DEC 16 AM II: 19

SECRETARI OF STATE
TALLAHASSE FINANCE

November 19, 2015

ROBY FULLER PO BOX 4725 CLEARWATER, FL 33758

SUBJECT: ZACC ENTERPRISES LLC

Ref. Number: L15000170198

FILED

SECRETARY OF STATE
SECRET

We have received your document for ZACC ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 715A00024514

Please see corrected inpo

www.sunbiz.org

COVER LETTER

•	,	COVEREETIEN			
TO: Registration Sec Division of Corp					
SUBJECT: ZA	CC EUTERY Name of Limit	Ori SOS LLC			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Robyr	Y Fuller Name of Person			
	y	ramo vi i vivii			
		Firm/Company	<u>-</u> -	₹% 5	
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For further information co	ncerning this matter, please ca	all:			
Robyn 7	Fuller_	at (617) 420-	2253		
/ Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	s following amount				
Λ	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fili	na Fee	
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified (e of Status &	

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

2 acc thterpri	Sel S UCC
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>1500070198</u> .	ere filed on / 0 - 1 - 15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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:	TALES 5
(Principal office address MUST BE A STREET ADDRESS)	3345 Clark the Surasofu Pl 3423/=
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: RUM	n Fuller
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	rs wta Storida 33758 Sip Code 3423/

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> **Type of Action** Robyn Tuller pobox 4725 clourwatein FL XBAdd □ Remove _□ Change □ Add _□ Remove ☐ Change __ Remove 子 全 Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the date of filing:	Uptional)	
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 605	.0207 ed as
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlie	er o
Dated $1/-9-15$		
Signature of a member or authorized representative of a m	ember	
Signature of a memoer or authorized representative of a m		

Page 3 of 3

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L15000170198 FILED 8:00 AM October 06, 2015 Sec. Of State vherring

Article I

The name of the Limited Liability Company is: ZACC ENTERPRISES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3345 CLARK RD SARASOTA, FL. 34231

The mailing address of the Limited Liability Company is:

PO BOX 4725 CLEARWATER, . 33758

Article III

The name and Florida street address of the registered agent is:

ROBYN FULLER 3345 CLARK RD SARASOTA, FL. 34231 FILED

15 NOV 16 PM 3-52;
SECRETARY OF STATE
SECRETARY OF STATE
ANALYSISE, PLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROBYN FULLER

Article IV

The effective date for this Limited Liability Company shall be:

10/01/2015

Signature of member or an authorized representative

Electronic Signature: ROBYN FULLER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.