15000177497

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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2016 NOV 16 PH 5: 59
SECRETARY OF STATE
AND ARRESEE, FLORIDA

K. SALY NOV 22 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

ZEMPLEN BARRELS QP, LLC ANIKO KALLAI P.O. BOX 10107 BROOKDSVILLE, FL 34601

SUBJECT: ZEMPLEN BARRELS QP, LLC

Ref. Number: L15000177497

We have received your document for ZEMPLEN BARRELS QP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00023676

COVER LETTER

TC	P: Registration Solution of Con	ection rporations		
CIT	DIECT.	ZEMPLEN	N BARRELS QP, LLC	
SU	вјест:	Name of Lim	ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return all correspo	ondence concerning this matter	to the following:	
			ANIKO KALLAI	
		·	Name of Person	
		ZI	EMPLEN BARRELS QP, LLC	
			Firm/Company	
			15223 POMP PKWY	
Address				
		,	WEEKI WACHEE, FL 34614	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
Fo	further information of	concerning this matter, please ca	all:	
	ANIKO E	KALLAI	727 480-0914 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
En	closed is a check for t	he following amount:		
0	\$25.00 Filing Fee The fee is paid	□ \$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

FILED 2016 NOV 16 PM 51 6

	ZEMI	PLEN BARREI	As it now appears on our rebility Company)	-, SECHER	PH 5: 59
	(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our rebility Company)	ecords AHASSE	OF STATE
	·				FLORIDA
The Articles of Organization	for this Limited Lia	ibility Company w	ere filed on10/19/20	15	and assigned
Florida document number _	L15000177497				
This amendment is submitte	d to amend the follow	wing:			
A. If amending name, ento	er the new name of	the limited liabili	ty company here:		
		· · · · · · · · · · · · · · · · · · ·	ZB	QP, LLC	
The new name must be distinguish	nable and contain the wo	rds "Limited Liability	Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices	address, if applica	ble:			·
(Principal office address M	<u>UST BE A STREET</u>	ADDRESS)		<u> </u>	
				•	
Enter new mailing address	, if applicable:				
(Mailing address MAY BE	<u> A POST OFFICE B</u>	(OX)			<u></u>
B. If amending the regi			ce address on our rec	ords, <u>enter the</u>	name of the ne
registered agent and/or the	new registered offi	ice address here:			
N. CN. D					
Name of New Reg	istered Agent:		<u>.</u>	······	
New Registered O	ffice Address:				
			Enter Florida street a	ddress	
				, Florida	
			City	2	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>	Address	Type of Action
MGR	SANDOR KALLAI	15223 POMP PKW	
		WEEKI WACHEE, FL 34614	■ Remove
			☐ Change
		<u> </u>	Add
			☐ Remove
			Denange - 1
			Denange DECRETARY AND AND AND AND AND AND AND AND AND AND
			Remove S.
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			Change

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	N/A
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	PROFES SI
	- S
lfan e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	d November 12 , 2016 .
	Anko Para
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00