(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Zev	C Y Name of Limi	LOMES LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Marlene	- Ame of Physon	
	Masvidal	Firm/Company	
	8835 SW	107 DE # 34	3
	Migh	Cny/Shate and Zip Code	
	M. Az ourus Mail address.	Mil Communication of the control of	eation)
For further information c	oncerning this matter, please ca	ill:	
Joaci Manie o	asvidal r Person	at (2766) 296 Area Code Daytime	7032 Telephone Number
Enclosed is a check for t	ne following amount:		
\$25.00 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:

TO:

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

ZCOULD (Name of the Limited Liabilit (A Florida	ty Company a	s it now appears	on our records.)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>LISDD0179_7</u> leS		re filed on <u>10</u> ,	122/15	- and assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability	company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limi	ited Liability (lompany," the des	signation "LLC" or	r the abbreviation "L.L.C	<u>(;;</u>
Enter new principal offices address, if applicable:	_		·		-8
(Principal office address MUST BE A STREET ADDR	RESS)			<u> </u>	131A
	<u> </u>	유유 - 크린 -			
				9-	ARY CO
Enter new mailing address, if applicable:	_				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	_			<u> </u>	_ <u>25</u>
	_		 .	8	— ;; —
B. If amending the registered agent and/or registered agent and/or the new registered office address and a Name of New Registered Agent:		· address on	our records, <u>(</u>	enter <u>the name of</u>	<u>the</u> nev
New Registered Office Address:	<u>, </u>	Enter Florte	la street address		
			Flori	da	
		City		Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:				
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete per gent as pro ed office ad	rformance of n vided for in Cl	ny duties, and hapter 605, F.2	Lam familiar with S. Or, if this docum	and ient is
	If Changin	g Registered Age	nt. Signature of S	New Registered Agent	— <u>-</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Doningafilar Garcia	8835 SN107 #843 Miani, FL 33176	Add
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			☐ Change
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	Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	
Effective date, if other than the date of filing:	docı	ment's effective date on the Department of State's records.	
It 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 605.0			
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Filing Fee: \$25.00