## 115000196826

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## **COVER LETTER**

	egistration Sec vivision of Corp			
CHD IEC		VESTMENTS, LLC		
SUBJECT	Γ:	Name of Limit	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter t	o the following:	
		CHRIS MARKOS		
			Name of Person	
		ZARCO INVESTMENTS,	LLC	
			Firm/Company	
		1050 KAPP DRIVE		
			Address	
		CLEARWATER, FL 3376	5	
			City/State and Zip Code	
		OLAKALA53@GMAIL.CO	DM o be used for future annual report notific	and in an in
				cation)
For furthe	r information co	oncerning this matter, please ca	II:	
CHRIS M	IARKOS		727 902-7308	
	Name of	`Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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:

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

ZARCO INVESTMENTS, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appear mited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Com Florida document number L15000196826	ipany were filed on 11.	20/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
17.2		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres  Name of New Registered Agent:		our records, enter the name of the
New Registered Office Address:		
New Registered Office Fladress.	Enter Flo	ida street address
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com	d agree to act in this uplete performance of	capacity. I further agree to comply with my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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
AMBR	FERONIKI K. KUTSOMARKOS	1050 KAPP DRIVE	<b>=</b> Add
		CLEARWATER, FL 33765	Remove
			Change
<del></del>			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			□ Change
•			Add
			□ Remove
			Charge  Charge  Charge  Charge  Charge  Charge  Charge
			Change

an e lote ocui	tive date, if other than the date of filing:  FEBRUARY 1, 2017  (optional)  ffective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	as
an e lote locui	frective date, if other than the date of filing:	as
an e lote: locui e re The	ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.  Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	as
fan e Note Iocur e re The	flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.  Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.  Signature of a member or authorized representative of a member  CHRIS MARKOS	as of
fan e <u>Note</u> docum ne re The	ffective date, if other than the date of filing:  (optional)  (ffective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.  A coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.  Signature of a member or authorized representative of a member	as of

Filing Fee: \$25.00