L15000209653

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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HICRETARY OF STATE
HANGSSEE, FLORIDA

FEB 053

Mag/

TO: • Registration Section Division of Corpora		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Mitchell 206By JR	
	TSZ LLC Firm/Company	
	458 SE 17 TURACE	
	Address	
	DEERFILLY BEACH FC 33441 City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
mitchell 2	erson at $(95Y)$ Z6 $3-50$	· \$ /c
Name of Pe	erson Area Code Daytime Telepho	one Number
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status	\$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

JJZ 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 12/17/15 and assigned Florida document number L 15000 209653
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
552-718
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address: Enter Florida street address
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

If Changing Registered Agent, Signature of New

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> Name **Address** Type of Action MGR RICHARD ZOGBY 458 SE 17 TERRACE DAdd DEERFIELD BEACH FC Remove Mitchell 2093Y 5R 458 SE 17 TERRICE NAdd DEFEFIFLD BEACH FC Remove 3344/ DORIS ZOGBY MGR DEER FIELD BEACH FC 33441 ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove ☐ Change

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ective date, if ot	ther than the date of ted, the date must be specifi	filing:	ate of filing or more tha	(optional)	Pursuant to 605 0
te: If the date inse	erted in this block does a date on the Department	not meet the applicable	statutory filing requ	irements, this date	will not be listed
	and on the Separation.	To Date 5 1000145.			
	es a delayed effecti ofter the record is fi		n effective time,	at 12:01 a.m.	on the earlier
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ted Jun 47	Sthell go Signature	Typed or printed na	ed representative of a m	ember STA	

Filing Fee: \$25.00