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JAN 23 2017 S. YOUNG

SECRETARY OF STATE FALLAHASSTE. FLORID

## **COVER LETTER**

TO: Registration Section of Corp.				
SUBJECT:	Zanotti of Si	OUTH Florida LLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Giust Zanotti va	Name of Person		
	04-0111-10	Firm/Company		
	236	OI SW 133 Ave.	. #5	
	Homesteau Koldvansā E-mail address: (1	d, Fl. 33032 City/State and Zip Code Omail · Com	eation)	SECRETARIASSI TO JAN 20
For further information con	ncerning this matter, please ca	all:		in c
GUSTAVO Name of 1	Castano	at ( <u>305</u> ) <u>342</u> –  Area Code Daytime 7	2578 Telephone Number	FLORIDA M 8: 02
Enclosed is a check for the	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 Stat Certified Copy (additional copy is en	tus &
	NG ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zanotti o	of South Florida UC	
(Name of the Limited Liabi (A Florid	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number LIGOXOG7311	Company were filed on 0405 2016 and assigned	l
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Liv	Florida UC .imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		\$0.85m
(Mailing address MAY BE A POST OFFICE BOX)	20	
	gistered office address on our records, enter the name of the	TOP OF THE PROPERTY OF THE PRO
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date  e: If the date inserted in this block does not meet the applicable staument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an enterpolate the record is filed.	effective time, at 12:01 a.m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00