Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002107673)))



H160002107673ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : :850) 617-6383

From:

Account Name : BEST PRO SERVICES INC

Account Number : 120140600068 : (727)504-1870 Phone : (727)683-9500 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZS WORKS ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

AUG 25 2016

S. YOUNG

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Corporate Filing Menu

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COVER LETTER

TO: Registration S Division of Co						
	S ENTERPRISES LLC					
SUBJECT:	Name of Lin	offed Liabifity Company	<u></u>			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	BULGAKOV, ZHENYA					
		Name of Person	<u> </u>		5	<u> </u>
	ZS WORKS ENTERPRIS	SES LLC			7	
		Firm/Company		**************************************	AUG 24	
	12900 129TH AVE					
	Address			Ξ	INLL ARTS OF STORE	
	LARGO, FL 33774				9: 5 <u>5</u>	
	·····	City/State and Zip Co	de		9	7-1
	4help123@gmail.com					
For further information (t-mail address: t concerning this matter, please c	to be used for future annual:	тат герогі поціп	zanon)		
BULGAKOV, ZHENY	A	727	7715956			
Name o	of Person	at () Area Code	Daytime	Celephone Number		
Enclosed is a cheek for a	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fe Certified Copy tadditional copy is		D \$60,00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &	
Regist Divisie	JNG ADDRESS: ration Section on of Corporations ox 6327	Regist Divisio	ET/COURIE ration Section on of Corporat Building	R ADDRESS:		

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**

ZS WORKS ENTERPRISES LLC		
(A F	isbility Company as it now appears on our records.) lorda Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number 1,16000079850	ity Company were filed on 04/22/2016	_ and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbre	viation "L.)_,C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	9 11
		2
		5 250
Enter new mailing address, if applicable:	ر المعالمة ا	
(Mailing uddress MAY BE A POST OFFICE BOX	<u> </u>	
	Managan and an administrative of the American and the American and Ame	
		5 Ş;≅
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> address here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
al en		Zip Code
New Registered Agent's Signature, if changing Regis	stered 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	Yuriy Bulgakov	308 6th Struct	■ Add
		West Sacramemo	□ Remove
		CA 95605	
			□ Add
			☐ Remove
			سارا وث
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Sective date, if other than the neffective date is listed, the date material II the date inserted in this becament's effective date on the I	st be specific and cannot be prior to date of filing or more than 90 lock does not meet the applicable statutory filing requirem	(optional) days after filing.) Pursuant to 605,0207 (cents, this date will not be listed as the
record specifies a delaye he 90th day after the red	d effective date, but not an effective time, at I ford is filed.	12:01 a.m. on the earlier of:
Led August 24	2016 .	
	200	
		/
	Signature of a member or authorized representative of a member	or

Page 3 of 3

Filing Fee: \$25.00