# L16000135089

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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ORDER FORM TO Florida Department of State FROM Melissa Stops Division of Corporations, Clifton mstops@incserv.com Building 850.656.7953 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com 850-245-6051 **REQUEST DATE** 8/18/2017 **PRIORITY** Routine OUR REF # (Order ID#) 595470 **ORDER ENTITY** ZD360, LLC PLEASE PERFORM THE FOLLOWING SERVICES: ZD360, LLC (FL) File the attached amendment NOTES: \$25.00 Authorized  $\sim$ **RETURN/FORWARDING INSTRUCTIONS:** <u>;</u>> ACCOUNT NUMBER: 120050000052 <del>---</del> Please bill the above referenced account for this order. (~t 0 If you have any questions please contact me at 656-7956,

incserv

Sincerely,

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com e-mail: info@incserv.com

Ulsse-

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### ZD360, 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  $\frac{07/18/2016}{16000135089}$  and assigned

This amendment is submitted to amend the following:

## 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 Con	npany," the designation "LLC" or the abbrevention "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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	ĸ
	, Flo	orida Zin 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

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# MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	BROCO ENTERPRISES, LLC	10890 SW 47th AVE	🗆 Add
		OCALA. FL 34476	🗧 Remove
			Change
MGR	EPITOME. LLC	PO BOX 1061	🖬 Add
		LEXINGTON, SC 29071	Remove
			Change
			D Add
			Remove
			≥>_ Change
			🖸 Add
			Remove
			Change
<u> </u>			Add
			Remove
			Change

**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_(optional) (If 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 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_ 2017

/s/ Matthew Zifrony

Signature of a member or authorized representative of a member

Matthew Zifrony

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Typed or printed name of signee

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Filing Fee: \$25.00