

L16000135089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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17 AUG 18 PM 3:19
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 21 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

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

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink that reads "Melissa".

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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.

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|---------------------|--|
| MGR | BROCO ENTERPRISES, LLC | 10890 SW 47th AVE | <input type="checkbox"/> Add |
| | | Ocala, FL 34476 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | EPITOME, LLC | PO BOX 1061 | <input checked="" type="checkbox"/> Add |
| | | LEXINGTON, SC 29071 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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2018 AUG 18 AM 11:20
CLERK OF COURT
JULIA MASSEY, CLERK

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

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FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

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2017 AUG 18 A 11:29
TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

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)

Note: 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 August 18, 2017

/s/ Matthew Zifrony

Signature of a member or authorized representative of a member

Matthew Zifrony

Typed or printed name of signee