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4500 PGA Boulevard, Suite 200 Palm Beach Gardens, FL 33418

Tel: (561) 622-4521 Fax: (561) 656-0917 www.OwenLaw.net

Jack B. Owen, Jr. jowen@owenlaw.net

Brad T. Jankowski bjankowski @owenlaw.net

Via Federal Express Overnight Delivery

July 22, 2016

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of Z 249, LLC

Dear Sir/Madame:

Enclosed please find Articles of Amendment to Articles of Organization of Z 249, LLC, Florida document number L16000136193. Also enclosed is the filing fee of \$25.00. You may reach this office at the above address and phone number.

Please do not hesitate to contact this office if you have any questions or require additional information.

Sincerely,

Regina L. Hinkson Legal Assistant

in L. Chakison

**Enclosures** 

## **COVER LETTER**

то:		istration Secti ision of Corpo				
CHRIC	car.	Z249, LLC				
SUBJE	CI:		Name of Limite	ed Liability Company		
The end	closed	Articles of Ar	mendment and fee(s) are subm	itted for filing.		
Please 1	return	all correspond	ence concerning this matter to	the following:		
			Jack B. Owen, Jr., Esquire			
				Name of Person		
Jack B. Owen, Jr., P.A.						
		· · · · · · · · · · · · · · · · · · ·				
				Address		
			Palm Beach Gardens, FL 33	418		
			_	City/State and Zip Code		
theonlygreenguy@gmail.com  E-mail address: (to be used for future annual report notification)						
					canony	
For furt	her in	formation con	cerning this matter, please call	l:		
Jack B. Owen, Jr., Esquire				561 622-4521 at () Area Code Daytime		
		Name of P	erson	Area Code Daytime	Telephone Number	
Enclose	ed is a	check for the	following amount:			
<b>■</b> \$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Z249, LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on July 20, 20	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Z 249, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u></u>	4 8 15 15 15 15 15 15 15 15 15 15 15 15 15	
			11
		55	
Enter new mailing address, if applicable:		32 o	m
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	O
		2: L	
		DE O	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	ı 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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			□ Remove
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an effective date ote: If the da	, if other than the e is listed, the date mus te inserted in this blo ective date on the De	t be specific and ock does not m	cannot be prior neet the applica	to date of filing or able statutory fil	more than 90 daing requireme	<b>(option</b> lys after fi nts, this d	ling.) Pur	suant to 605.020 not be listed a
	ecifies a delayec ay after the rec		ate, but no	t an effective	time, at 12	2:01 a.ı	m. on t	the earlier
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		Signature of a n	nember or autho	rized representati	ve of a member	EM.	=	e-press
	-	G				2 - 13		7
Jack	B. Owen, Jr., Auth					HARY YRAT	ي دې	m
Jack	B. Owen, Jr., Auth		Typed or printe	d name of signee		ARY DE S	25 P 12: 40	ED

Filing Fee: \$25.00