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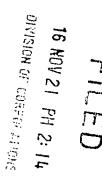
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER . . .

Division of Co	rporations		
	tures LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Zorhab Gasparyan		
		Name of Person	
	Zorro Ventures LLC		
		Firm/Company	
	433 Lincoln Rd		
		Address	
	Miami Beach FL 33139		
	zorroventure@gmail.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information	concerning this matter, please cal	11:	
Zorhab Gasparyan		305 7054171	
Name	of Person	at () Area Code Daytime	Telephone Number
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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Zorro Venture LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000166429	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16 OV
(Principal office address MUST BE A STREET ADD	ORESS)	g g m
		2 2
		PH 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		···
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		"
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I agent as provided for in Chapter 605, F.S. red office address, I hereby confirm that th	am familiar with and . Or, if this document is

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
S OEHLERS, ROMANO	433 LINCOLN RD	□ Add	
		MIAMI BEACH, FL 33139	■ Remove
			☐ Change
			Add
			□ Remove
		 	Change
			Respove
			Respove Stop Respove Add P. C. Remove
			☐ Change
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			Remove
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ective date, if other than the	late of filings		(option	al)
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior	to date of filing or mor	re than 90 days after fil	ing.) Pursuant to 605.0
cument's effective date on the De	partment of State's records		requirements, this d	ate will not be lister
record specifies a delayed	effective date, but no	t an offoctive ti	ma at 12,01 a r	n on the andie
he 90th day after the reco	rd is filed.	it all ellective til	ile, at 12.01 a.i	n. On the earne
16 November	2016			
ed			/	
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	ignature of a member of auth	prized representative		<u> </u>

Page 3 of 3

Filing Fee: \$25.00