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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Division of C				
CIID II		oldings, LLC			
SUBJI	ECI:	Name of Limited Liability Company			
The en	closed Articles	of Amendment and fee(s) are submitted for filing.			
Please	return all corres	spondence concerning this matter to the following:			
		Jennifer Reed			
		Name of Person			
		Rosquete & Reed-Velasquez PLLC			
		Firm/Company			
		21345 SW 183 Ave			
		Address			
		Miami, FL 33187			
		City/State and Zip Code			
		jrv@rrvlawfirm.com			
		E-mail address: (to be used for future annual report notification)	•		
For fur	rther information	n concerning this matter, please call:			
Jennife ———	er Reed	786 287-7185			
	Nam	ne of Person Area Code Daytime Telephone Number		אווג חבר	71
Enclos	sed is a check fo	or the following amount:	∑ 1	ı	_
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	of State	<u>5</u>	ILED

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

Zayas Holdings, LLC			
(<u>Name of the Limited Lia</u> (A Flo	ability Compa orida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L16000189515	ty Company	were filed on 10/13/2016	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the words '	"Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	!	11027 Garden Ridge Court	
Principal office address MUST BE A STREET AL	DDRESS)	Davie, FL 33328	
Enter new mailing address, if applicable:	_	11027 Garden Ridge Court Davie, FL 33328	70 S 20
Mailing address MAY BE A POST OFFICE BOX	2	Davic, 1 E 33326	FECRE TI
B. If amending the registered agent and/or registered agent and/or the new registered office			TAR the fame of the last the fame of the last the fame of the last
Name of New Registered Agent:	/AN/A		NIE DRIDA
New Registered Office Address:		Enter Florida street address	
		. Florid	a
_		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 $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Add
			Remove
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December 2nd	2016	Or P	30
		-	
	Signature of a member or authorized representation	Totalina afa	

Page 3 of 3

Filing Fee: \$25.00