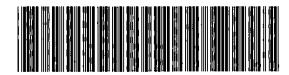
116000195857

(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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SECRETARY OF STATE
SECRETARY OF STATE

J. HARRIS

COVER LETTER

то:	Registration Se Division of Cor	ction porations		
CUD IE	ZIONIK LL	.c		•4
SUBJE	CI:	Name of Lim	ited Liability Company	
		•		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		Maria Costanza Barducci		
			Name of Person	
			Firm/Company	
		2 south Biscayne Blvd., Su	nite 3760	
			Address	
		Miami, FL 33131	·	
			City/State and Zip Code	, , , , , =
		mc@barduccilaw.com		,
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please co	all:	
			at ()	·
	Name of	Person .	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	e 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: 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



Division of Corpor

May 3, 2017

MARIA COSTANZA BARDUCCI 2 SOUTH BISCAYNE BLVD, SUITE 3760 MIAMI, FL 33131

SUBJECT: ZIONIK LLC

Ref. Number: L16000195857

We have received your document for ZIONIK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are adding, removing or changing the MGR

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00008653

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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGR	MARIA COSTANZA BARDUCCI	2 S. BISCAYNE BLVD., SUITE 3	□ Add
		MIAMI FL 33131	Remove
		4	Change
		 	□ Add
			Remove
	•		□ Change
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	on the Depart	ment of State	e's records.					
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