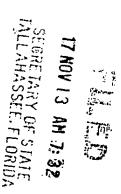
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Special Instructions to	Filing Officer:	
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## COVER LETTER \_

TO:	Registration Sec Division of Corp	ction porations	•	
SURIF	CT: 1	ED INDUSTRI	at ( 770 ) 3/2 - 8082  Area Code Daytime Telephone Number  amount:  Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
SOBOL		Name of	Limited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are	submitted for filing.	
Please r	eturn all correspon	ndence concerning this mat	ter to the following:	
		<i>K</i>	ON ZWEBEN	
			Name of Person	
		<del>-7</del>	YEWNAME)	(150)
		Zw	Firm/Company	Z/LED INDUSTRIAL LLC
		7	un a tar Cara	-
		<u> 2515</u>	WOODS EDGE CIRCLE	<u>,</u>
		DK	LAND, FLORIDA 328	317
			City/State and Zip Code	
		E-mail addre	ss: (to be used for future annual report no	tification)
For furt	her information co	oncerning this matter, pleas	e call:	
	RON ZWE	EBEN	at ( <u>770</u> ) <u>3/2 –</u>	8082
	Name of	reison	Alea Code Dayin	me reiephone Number
Enclose	/ d is a check for the	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

LED INDUSTRIAL LIC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 12/07/2016 and assigned
Florida document number <u>L 16000 221532</u> .	į.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
ZWEBEN INDUSTRIAL LLC	
The new name must be distinguishable and contain the words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address	ess on our records, enter the name of the new
registered agent and/or the new registered office address here: MA	יאַררץ אַררץ 171
Name of New Registered Agent:	
New Registered Office Address:  En	ter Florida street address
City	, Florida , Florida
New Registered Agent's Signature, if changing Registered Agent:	NO.
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is
NA If Changing Pagint	cred Agent, Signature of New Registered Agent
ii Changing Registo	eren Waent' Diannte of trem Westreten Waent

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
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			Remove
<del></del>			□ Add
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Filing Fee: \$25.00