1170018439

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Ĉif | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| i | | |
| | | |
| | | |

Office Use Only



300296945743

03/28/17--01005--008 **25.00

MAR 2 9 2017 S. YOUNG THAN 28 PH 4:45

COVER LETTER

| Division of Cor | | | |
|---------------------------------|--|--|--|
| SUBJECT: | Zelten Se | ervices LLC. nited Liability Company | |
| SUBJECT: | Name of Lin | nited Liability Company | ······································ |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | | Name of Person | |
| | | | . ; |
| | | Firm/Company | |
| | | | 第2 |
| | | Address | |
| | | | 17 MAR 28 PH 4: 43 |
| | | City/State and Zip Code | |
| | Zelten service | to be used for future annual report notif | ication) |
| For further information or | oncerning this matter, please c | | wanon, |
| | _ | | |
| 5eb15+1 | Person | at (407) 744 H | 797 |
| | | The court is a supplied to | , resoptions i values |
| Enclosed 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) |
| Registra Division P.O. Bo | NG ADDRESS: ation Section n of Corporations ax 6327 | STREET/COURING Registration Section Division of Corpora Clifton Building | n ations |
| Tallaha | ssee, FL 32314 | 2661 Executive Cer Tallahassee, FL 323 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
|---|---|----------------------|
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 70 |
| (Principal office address MUST BE A STREET ADDRESS) | | 150 |
| | · | 3 55 |
| | | の 選挙 |
| Enter new mailing address, if applicable: | <u> </u> | 3 |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | <u> </u> |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on our records, <u>enter</u> e: | the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street 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∉ Market MGR = Ar | anager uthorized Member | | |
|----------------------|----------------------------|--|-----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Juan Sebastia | n Teledon 2550 Patricks | Add Add |
| | | n Zeledon 2550 Polvick s Kiosimner, Fl. | <i>3474(</i> □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change The Add 2 |
| | | | □ Remove |
| | | <u> </u> | □ Change U |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | - | | □ Add |
| | | | ☐ Remove |
| | | | |

| | | | | <u></u> |
|--|---|---------------------------------------|---------------------------------------|--------------------------------------|
| | | | | |
| | <u></u> | | | |
| | | · · · · · · · · · · · · · · · · · · · | . , , | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | , | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | <u></u> | |
| | | | | 5 |
| | · · · · · · · · · · · · · · · · · · · | | ,,,,,,,,,,,,,, | WAR 28 |
| - | | | | 2 |
| | | | | · |
| The form of the state of the st | | | | <u></u> |
| | | | | |
| ective date, if other than the date reflective date is listed, the date must bete: If the date inserted in this block nument's effective date on the Department's effective date on the Department of t | e specific and cannot be pri- k does not meet the appl | icable statutory filing | re than 90 days after filing. | Pursuant to 605.0 will not be listed |
| record specifies a delayed e The 90th day after the recor | | not an effective ti | me, at 12:01 a.m. | on the earlier |
| ated $3/24$ | 1100 201 | 7. | | |
| | felding he | m | | |

Page 3 of 3

Filing Fee: \$25.00