117000032684

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	ZZ PROPERTY LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Lynn Matthews		
		Name of Person	
	European Equities Corpora	tion	
		Firm/Company	
	18167 US Highway 19 N. S	Ste 600	
		Address	
	Clearwater, FL 33764		
	lmatthews@europeanequitic	City/State and Zip Code	
	.	o be used for future annual report not	ification)
For further information of	concerning this matter, please ca	ill:	
David McComas		727 410-2800 at ()	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MONAJAZZ PROPERTY LLC

2019 MAY 13 A 3: 3:

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Ball M TAGEAHASSES / LURIDA The Articles of Organization for this Limited Liability Company were filed on 02/09/2017 Florida document number L17000032684 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 3405 E HILLSBOROUGH AVE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registered agent and/or the new registered office address here: LYNN MATTHEWS Name of New Registered Agent: 18167 US HIGHWAY 19 N, STE 600 New Registered Office Address: Enter Florida street address CLEARWATER City

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.

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>	<u>Address</u>	Type of Action
			Add
			□ Remove
			□ Change
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			□ Remove
			Change

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Way 6 . 2019.
Signature of a member or authorized representative of a member
David McComas
Typed or printed name of signee

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Filing Fee: \$25.00