U7000046952

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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D. SCOTT MAY 1 0 2017

COVER LETTER

	ion _, Section of Corporations		
Zing l	It L.L.C	·	
	Name of Lin	nited Liability Company	
	les of Amendment and fee(s) are sub	-	
Please return all con	rrespondence concerning this matter	to the following:	
	Chantal Seeley		
		Name of Person	
	Zing It L.L.C.		
		Firm/Company	
	12872 Cocoa Pine Dr		
		Address	
	Boynton Beach, Florida, 3.		
	cseeley@voipcloud.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further informat	tion concerning this matter, please ca	all:	<u> </u>
Chantal Seeley		702 509 0050 at ()	題載士
N	ame of Person		Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee \$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)
	IAILING ADDRESS: egistration Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zing It L.L.C.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)	<u>) </u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/05/2017	and assigned
Florida document number 17000046952	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Zvoip LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or regist	tered office address on our records,	enter the name of the nev
registered agent and/or the new registered office addr	ess nere:	m & Age
		型金里口
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	,
	, Flor	idaZip Code
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stephen Hunter	2475 NW 25th Street, Boca Raton, F1 33431	Add
			Remove
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ective date, if other than the date of filing:	Stephen Hunter 49% co-owner	
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Typed or printed name of signee

Filing Fee: \$25.00