

417 0000 85935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

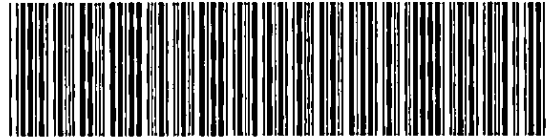
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUN 25 A 9 32

THE CLERK OF THE COURT

42/100

# ZERO POINT 9 REALTY, LLC

JUNE 29, 2018

To Mrs Dionne Scott,

This is a follow-up for our conversation today for us requiring some changes on Florida document number l17000085935 , in your conversation to me you advised me that the name 0.9% realty is not available, I had advised you that we are the owner of that name and am enclosing the document and requesting from yourself to change all the requested changes on the documents from Aquazure RealEstate LLC to our new name. Also note that we had requested to remove one of the member and add another one. If you have any questions feel free to contact me, I'm available at 407-878-6773.

i WANT TO THANK YOU FOR YOUR SERVICES, have a happy fourth of July.

Regards,

Itzhak Shtark  
Managing Member - Zero Point 9 Realty, LLC



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2018 JUN 25 A 9 32

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AQUAZURE REALTY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GLICKMAN, JEFFREY

Name of Person

AQUAZURE REALTY LLC

Firm/Company

13750 W COLONIAL DR 350-311

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

jeff@thefpx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Glickman

at (407)

808-0393

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AQUAZURE REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/18/2017 and assigned  
Florida document number L17000085935.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Zero Point 9% Realty, 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:**

7925 West State Road 46, Sanford, FL 32771

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

7925 West State Road 46, Sanford, FL 32771

**(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:**

Name of New Registered Agent:

The Shtark Investment Group, LLC

New Registered Office Address:

7925 West State Road 46

Enter Florida street address

Sanford

City

Florida 32771

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ISIDRON, HECTOR	17971 BISCAYNE BLVD SUITE :	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	SHTARK, JOSEPH P	7925 West State Road 46	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	SHTARK, AYALA	7925 West State Road 46	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SHTARK, ITZHAK M	7925 West State Road 46	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUN 05 4 30 PM '05  
Sanford, FL 32771


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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.

0222 2018



Signature of a member or authorized representative of a member

Jeff Glickman

Typed or printed name of signee