## 11700093452

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**B FIGUEROA** MAR 0 8 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2018

May be be not be sometimed to the state of

SHAZEB PARPIA 14629 SW 104 ST #430 MIAMI, FL 33186

SUBJECT: GND USA LLC Ref. Number: L17000093452

We have received your document for GND USA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new-name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000067507 PLUG CORPORATION.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 918A00002124

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GND USA LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
Γhe Articles of Organization for this Limited Liab	oility Company were filed on 04-27-2017	and assigned
Florida document number L17000093452		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Zeb The Plug LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<u> </u>	
B. If amending the registered agent and/or	registered office address on our records, ent	er the name of the ne
registered agent and/or the new registered offic	·	
		_ 9.
Name of New Registered Agent:		<b>2 2 2 3 3 3 3 3 3 3 3 3 3</b>
New Registered Office Address:		<b>5 2 6 1 2 6 7</b>
•	Enter Florida street address	A 687
	, Florida	3 3 3 T
	City	Zip Cotte
New Registered Agent's Signature, if changing Reg	gistered Agent:	<b>40</b> 2

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	
			□ Add	
			□ Remove	
			□ Change	
		- <u>.</u>		
			□ Remove	
			Change	
			Add	
		- <del></del>	Remove	
			☐ Change	
			□ Add	
			□ Remove	
			□ Change	
			Add ,	
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			☐ Remove	
			Change	