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(Requestor's Name)	
(Ac	ddress)
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	ity/State/Zip/Phone #)
	WAIT MAIL
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
	Office Use Only

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TO:	Registration Section
	Division of Corporation

ZERO MATTERS LLC

SUBJECT: _

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:

NATALIA VALDES

Name of Person

ZERO MATTERS LLC

Firm Company

1000 FIFTH STREET, SUFTE 200-F5

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

info(a zero-matters.com

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

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For further information concerning this matter, please call:

NATALIA VALDES

Name of Person

3746183 at (____ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	isability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5/04/2017}{2017}$ and assign
Florida document number 1.17000099640	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
	<u></u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LL.C
-	ity Company," the designation "ELC" or the abbreviation "ELL.C 1000 FIFTH STREET
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	1000 FIFTH STREET
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS)</u>	1000 FIFTH STREET SUITE 200-F5
Enter new principal offices address, if applicable:	1000 FIFTH STREET SUITE 200-F5 MIAMI BEACH, FL 33139

Registered Agent's Signature, if changing	•	Zip Gode
	MIAMEBEACH	, Florida 33130
	Enter Fle	orida street address
New Registered Office Address:	1000 FIFTH STREET, SUITE 2	00-F5
Name of New Registered Agent:		<u> </u>
		17

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. Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	NATALIA VALDES	1000 Fifth Street	🖸 Add
		Suite 200-F5	Remove
		Miami Beach FL 33139	
			🗆 Add
			🗆 Remove
			C'hange
			🗆 Add
			🛙 Remove
			Change
			🖸 Add
			Remove
			Change
			🗅 Add
			Remove
			🗌 Add
			🖸 Remove
			Change

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

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 _ Signature of a member or authorized representative of a member

ed or printed name of

Page 3 of 3

Filing Fee: \$25.00