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S. WARREN JUN 1 5 2017

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>OZAEÑIAL LLC</u> 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:
Robert Ziadus Name of Person
BZ AERTAL LLC Firm/Company
6809 NW 80th (+) Address
Tamarac, FLorida 33321 City/State and Zip Code
BZAFR=ALO YAHOO (CM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Ziady at (959) 650-3689  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \text{Certificate of Status}\$ \$\sim \text{S25.00 Filing Fee & Certificate of Status}\$ \$\sim \text{S25.00 Filing Fee & Certificate of Status}\$ \$\sim \text{Certified Copy (additional copy is enclosed)}\$ \$\sim \text{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

15'Z AERIAL	LLC				
(Name of the Limited Li (A F)	<mark>iability Compan</mark> lorida Limited Lia	y <mark>as it now appea</mark> ability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabili		rere filed on	6/2/17	and assign	ned
Florida document number <u>L 17000   2   18</u>	<u> </u>				
This amendment is submitted to amend the following	ā:				
A. If amending name, enter the new name of the					
The new name must be distinguishable and contain the words	"Limited Liability	v Company," the c	lesignation "LLC" or	r the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable	<u>:</u>	-			
(Principal office address MUST BE A STREET AL					
	<del></del>				
Enter new mailing address, if applicable:		<u> </u>	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX	2				<del></del>
		<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered offi address here:	ce address on	our records, <u>c</u>	enter the name of	the new
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:					
		Enter F (a)	vida street address		
			, Floric	daZip Code	
New Registered Agent's Signature, if changing Regist		Ciţv		Zip Code	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	id complete pe d agent as pro tered office ac	erformance of ovided for in C	my duties, and I Thapter 605, F.S	l am familiar with a 5. Or if this <b>do</b> cume	ind ent is
	If Changi	ng Registered Ag	ent, Signature of N	ew Registered Agent	<u>_</u>

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>	Name	Address	Type of Action
MGR	Robert Ziady	6809 NW 80 1 ( Tomage FL 33321	_ <b>M</b> Add
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	nding any other information	, chier change(s)	ACCES FARMEN AME	aaonai sneets, 1J )	recessary.)	
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etfe e: I ume	re date, if other than the date entire date is listed, the date must be a fithe date inserted in this block on the determined on the Department's effective date on the Department specifies a delayed effective day after the record	specific and cannot be does not meet the ap tment of State's reco fective date, but	oplicable statutory fi ords.	ling requirements, t	fter filing.) Pursuant t this date will not be	e listed as t
ed _	June 9th  Mout Ding		7			
	Mout Pin	/			17.	
	Sjøl	nature of a member or a	authorized representati	ve of a member		— ─ <b>™</b>
	Robert Zia				13 PH 2:	
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