117000 141	1842
(Requestor's Name) (Address)	
(Address)	000329376410
(City/State/Zip/Phone #)	₩5/21/1901019003 **25.00
(Business Entity Name)	
(Document Number)	
(Document Number)	

Office Use Only

C. GOLDEN JUN - 8 2013

CO	VER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Zero Proper Name of Limited	ties LLC
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
Chey	Name of Person
Zerop	Perties LLC Firm/Company
1985 N	Address
Deerfield B	each.Fr 33411 ity/State and Zip Code Vandwatersports.com
E-mail address: (to be	used for future annual report hotification)
For further information concerning this matter, please call:	
<u>Cheyne Cottreu</u> Name of Person	at ( <u>954</u> ) <u>2-63-1841</u> Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\$30.00 Filing Fee \$	□\$55.00 Filing Fee & □\$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) 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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ARTICLE	S OF AMENDMENT	
	ТО	
ARTICLES	OF ORGANIZATION	
	OF	
Zero Pio	Derties, LLL	2019 HAY 21 AM 11: 1
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on $07-03-17$	and assigned
Florida document number <u>L17000142842</u>	↓ ↓ ↓	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	to d t in billion Common " the designation "I I C" or the	abbreviation "1.1.C."
The new name must be distinguishable and contain the words Lim		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u>(ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add	stered office address on our records, <u>ent</u>	er the name of the new
registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	ed 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

Page 1 of 3

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 **Type of Action** Address <u>Title</u> Name Curtis Kim Calabrese 6010 Buenavista Ct. XAdd Buca Raton, FC 33+33 DRem Mac C Remove □ Change Mar Paul M. Mack 1505 Addison Avenue 187200 Boca Rata Fr. 33+86 □ Remove Change □ Add Remove Change 🗆 Add C Remove Change Add 🖸 □ Remove Change 🗋 Add C Remove Change Page 2 of 3

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

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## (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	May-17 . 3	215
	Signature of a member	or authorized representative of a member
	<u> </u>	or printed name of signee
		Page 3 of 3
	Fi	  ing Fee: \$25.00