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(Red	questor's Name)	
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(City	//State/Zip/Phone #)	•
PICK-UP	WAIT	MAIL
/Rus	siness Entity Name)	
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(Doc	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to F	filing Officer:	

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COVER LETTER

TO: Registration S Division of Co		·	
ZIEL CC. SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PEDRO CAMARGO		
		Name of Person	
	PEKASA RACING, LLC		
		Firm/Company	
	2460 SW 23 ST		
		Address	
	MIAMI, FL 33145		
		City/State and Zip Code	
	PCAMARGO@PEKASAG E-mail address: (ROUP.COM to be used for future annual report notif	lication)
For further information	concerning this matter, please ca		,
PEDRO CAMARGO		786 444-2703	
Name	of Person		e 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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZIEL CC, LLC			
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on ou ited Liability Company)	r records.)
ne Articles of Organization for this Limited I orida document number L17000150037	Liability Comp	pany were filed on	7 and assigned
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited	liability company here:	
'A			
e new name must be distinguishable and contain the	words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRES:	<u>s)</u>	
			Ç . .
ter new mailing address, if applicable:		N/A	
<u> Iailing address MAY BE A POST OFFICE</u>	E BOX)		<u> </u>
If amending the registered agent and gistered agent and/or the new registered of	d/or -registere office address	ed office address on our i here:	records, enter the name of the
			. 4.9
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stret	et address
			, Florida
		City	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

GR = M 1BR = A	R = Manager BR = Authorized Member			
<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action	
ивк ——	G2N PARTNERS LLC	2980 MCFARLANE ROAD - 1ST	B Add	
		MIAMI, FL 33133	□ Remove	
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ective date, if other than the d effective date is listed, the date must b	ate of filing:		(optional)	Ġ
e: If the date inserted in this bloc	k does not meet the applicable	ite of filing or more than statutory filing requir	90 days after filing.) Purs ements, this date will i	uant to 605.02 not be listed:
ument's effective date on the Dep	artment of State's records.	, ,		
record specifies a delayed one 90th day after the recor	effective date, but not ar	n effective time, a	t 12:01 a.m. on t	he earlier
ne soun day after the recor	u is mea.			
JULY 27th	2017			
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	711			
S	gnature of a member or authorized	d representative of a mer	nber	
		//		

Page 3 of 3

Filing Fee: \$25.00