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# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Zen	TMPACT WIN	DOWS AND DOOKS aited Liability Company	5,110
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nancy V	ARSALLONE Name of Person	
	Zen Inpa	<u>でて (ル、ルクマルシ)</u> Firm/Company	AND DONS LC
	1847 SW	12 41. 57. Address	
	CONERCISE  E-mail address:	City/State and Zip Code  Code	(Continue)
For further information c	oncerning this matter, please co	all:	
NGNCY V Name o	<u> U.N. 59  one</u> t Person	at ( <u>54/</u> ) <u>20/</u> Area Code Daytime	2 - 0147 e Telephone Number
Enclosed is a check for the	ne 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

Name of the Limited Liabil (A Florid	ity Company as it now appears on our record la Limited Liability Company)	<u>5                                    </u>
The Articles of Organization for this Limited Liability (Florida document number <u>6/7000/66/</u>	· ·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	or the abbreviation "L.L.Q"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	FILED FOR CORPO
Enter new mailing address, if applicable:		3: 31 3: 31
(Mailing address MAY BE A POST OFFICE BOX)		ÇĀ.
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the nev
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida street addres	No.
	Emer e tocula street daares	.,
<del></del>	, Flo	orida Zip Code
	Cui	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

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
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an effective date is ote: If the date:	f other than the dat listed, the date must be inserted in this block ive date on the Depar	specific and cant does not meet	not hearrior to o the applicabl	late of filing or n	nore than 90 da	( <b>optional)</b> ys after filing.) Ints, this date w	Pursuant to 6 ill not be li	05.020 sted a
		fective date	, but not a	n effective	time, at 12	2:01 a.m. or	n the ear	lier c
The 90th day	after the record	is filed.						
The 90th day	after the record	is filed.	2018					
•		is filed.	2018 Uno					

Page 3 of 3

Filing Fee: \$25.00