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SECRETARY OF STATE

S. WARREN SEP 1 5 2017

COVER LETTER

TO:		istration Sec ision of Corp					
GUD IS	·~r	YZER, LLC					
SUBJE	.C1:		Nani	of Limi	ted Liability Compan	у	
The end	closed	d Articles of A	Amendment and fee(s)	are subr	mitted for filing.		
Please 1	returr	all correspon	idence concerning this	matter t	to the following:		
			Andrew Hoek				
					Name of Perso	on	
			DeWitt Law Firm,	 P.A .			
				 	Firm/Compan	у	·
			607 W. Bay Street				
					Address		
			Tampa, Florida 330	 50 6 			
					City/State and Zip	Code	
			Phil34567890@yah	11	to be used for future a	innual report notif	ication)
Ear for	thar i	nformation co	oncerning this matter, p			amaar report nom	icanon)
			meering this matter, [261 2701	
Andrev	w Ho			<u> </u>	at (_)	
		Name of	Person		Area Cod	e Daytime	: Telephone Number
Enclose	ed is	a check for th	e following amount:				
■ \$2 :	5. 00 i	Filing Fee	□ \$30.00 Filing Fe Certificate of S	tatus	□ \$55.00 Filing Certified Co (additional cop	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		Rej Div Cli 260	REET/COURING gistration Section vision of Corpora fton Building 51 Executive Cen llahassee, FL 32	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YZER, LLC	
(Name of the Li	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number L17000172267	Liability Company were filed on August 14, 2017 and assigned
This amendment is submitted to amend the f	 collowing:
A. If amending name, enter the new name	e of the limited liability company here:
The new name must be distinguishable and contain the	he words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	plicable:
(Principal office address MUST BE A STR	i l
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFIC	1
registered agent and/or the new registered	nd/or registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing	ÌI
provisions of all statutes relative to the praccept the obligations of my position as re	SEE, FU
	If Changing Registered Agent, Signature of New Resistered Agent
	- H

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** <u>Title</u> Name **Address** ZEPOL, LLC 8 The Green, STE A **AMBR** □ Add Dover, DE 19901 ☐ Remove Change □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change

☐ Remove

☐ Change

			(manassam:)
mending any other informat	on, enter change(s) here	e: (Attach additional sheets, if	necessary.j
	<u> </u>		
	<u> </u> 		
	11		
	8-15-17		
ective date, if other than the n effective date is listed, the date mus	late of filing: be specific and cannot be prio	r to date of filing or more than 90 days	(optional) s after filing.) Pursuant to 605.020
te: If the date inserted in this blowment's effective date on the D	ck does not meet the applic partment of State's records	cable statutory filing requirement.	s, this date will not be listed a
record specifies a delayed The 90th day after the rec	effective date, but no rd is filed.	ot an effective time, at 12:	01 a.m. on the earlier
Jour day ditter the rec			<i>=</i>
ted	. 2017		2000年 17 8
m 1			EP I
	Signature of a member or auth	norized representative of a member	
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7.4	- 0000		<u> </u>
	Typed or prin	ted name of signee	Por S

Filing Fee: \$25.00