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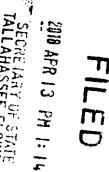
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COVER LETTER

	istration Section of Corp		•	
SUBJECT:	ZONA MU	LTI SERVICES LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		ANTONY SILVA		
			Name of Person	
			Firm/Company	
		4107 ARAJO CT		·
			Address	
		ORLANDO, FL 32812		
		ISABELSILVA444@HOT!	City/State and Zip Code	· · ·
			to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
ANTONY S	ILVA		917 5878713 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

ZONA MULTI SERVICES LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number L17000183926	Liability Company	were filed on 08/28/2017	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
ZONA INVESTMENTS LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	4107 ARAJO CT ORLAN	NDO, FL 32812
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered	d/or registered of		
		-	
Name of New Registered Agent:	ANTONY SIL	VA	ALE SEE
New Registered Office Address:	4107 ARAJO (AHADA APR
·	ORLANDO		Florida 32842
New Registered Agent's Signature, if changing	Registered Agent:	City	OR III
I hereby accept the appointment as register provisions of all statutes relative to the pro	red agent and agr per and complete	ee to act in this capacity. performance of my dutie.	I further agree to comply with the s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			· □ Add
			□ Remove
			Change
			Add
		<u>,</u>	Remove
			Change
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Effect	ve date, if other than the date of filing:	(optional)	
	ective date is listed, the date must be specific and cannot be prior to date of filing or more the lf the date inserted in this block does not meet the applicable statutory filing requestions.		
	ent's effective date on the Department of State's records.	anements, and date will not be no	
	ord specifies a delayed effective date, but not an effective time,	, at 12:01 a.m. on the earl	ier of
The	90th day after the record is filed.		
	APRIL 05 2018		
Dated			
		•	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00