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Office Use Only



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COVER LETTER

·TO: Registration So Division of Co			
Zeben, LLS SUBJECT:			
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin T. Seely		
		Name of Person	
	Zeben, LLC		
	-	Firm/Company	
	28 W Central Ave, Suite 2	00	
		Address	
	Orlando, F1, 32801		
	kseely@zeben.co	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please co	to be used for future annual report notifull:	ication)
Kevin T. Seely		321 443-1810 au ()	
Name (of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

		04 75	
ted Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
ability Company	were filed on October 17th, 2017	and assigned 5	
lowing:			
of the limited liab	ility company here:		
words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
cable:	N/A		
ET ADDRESS)	N/A		
	N/A		
	N/A		
BOX)	N/A		
	N/A		
	<u>e</u> :	er the name of the ne	
3 1/4		***	
N/A		N/A Zip Code	
	Liability Company Liability Company Limited Liability Limited Liab	words "Limited Liability Company," the designation "LLC" or the cable: N/A	

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
AMBR	Ryan J. Hamlin	2233 S 500 E # 112, Salt Lake City	
			Remove
			Change
			☐ Remove
			☐ Change
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		-	□ Change
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior e: If the date inserted in this block does not meet the applic		
ument's effective date on the Department of State's records		
ecord specifies a delayed effective date, but no ne 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the ear	lie
November 10th 2017		
, , , ,		
	17-	
0 10	orized representative of a member	

Page 3 of 3

Filing Fee: \$25.00