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(Red	questor's Name)	
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(City	y/State/Zip/Phone	= #)
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	Registration Se Division of Cor			
SUBJEC	ZAFO GR			
,,овис	1:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		FELIX OHEP		
			Name of Person	
		ZAFO GROUP LLC		
			Firm/Company	
		13499 BISCAYNE BLVD	APT 1205	
			Address	
		MIAMI, FL 33181		
		alexisohep19@gmail.com	City/State and Zip Code	
		= -	to be used for future annual report noti-	fication)
For furthe	er information c	oncerning this matter, please c	all;	
ALEXIS	OHEP		786 838-3726	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	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

ZAFO GROUP LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number 1.17000237752	ompany were filed on 11/17/2017	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		71
		完
3. If amending the registered agent and/or regist		nter the name of the r
egistered agent and/or the new registered office addr	ress here:	ςρ
		64.8
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	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

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>	<u>Name</u>	Address	Type of Action
MGR	ALEXIS OHEP	13499 BISCAYNE BLVD	□ Add
		APT 1205 MIAMI FL. 33181	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to !! If the date inserted in this block does not meet the applicable statutory filing rec	(optional) ∞
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time	(optional) φ han 90 days after filing.) Pursuant to 6 quirements, this date will not be l
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing resument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time are 90th day after the record is filed. NOVEMBER 24TH 2017	(optional) φ han 90 days after filing.) Pursuant to 6 quirements, this date will not be l
effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time are 90th day after the record is filed.	(optional) co han 90 days after filing.) Pursuant to 6 quirements, this date will not be I

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Filing Fee: \$25.00