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(Red	questor's Name)	
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, (City	//State/Zip/Phone	e #)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations			
ZORANA,				
SUBJECT:	Name of Lim	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:		
•	C	-		
	Ross P. Beckerman			
•		Name of Person		
•	Tim A. Shane, PA			
		Firm/Company		
	4400 N. Federal Highway	Suite 210-10		
		Address		
•	Boca Raton, FL 33431			
	<u>.</u>	City/State and Zip Code		
	ross@timashane.com			
	E-mail address: (to be used for future annual	report notificat	ion)
For further information of	concerning this matter, please co	all:		
Ross P. Beckerman		954 260 at ())-2120	
Name o	of Person	Area Code	Daytime Te	lephone Number
T 1 1' 1 1 6 4	N. C. H			
Enclosed is a check for t				
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Ac		_
Registration : Division of C			ation Section of Corpor	

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

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any as it now appears on our records.) Liability Company)	
y were filed on November 21,2017 and assigned	
pility company here:	
ility Company," the designation "LLC" or the abbreviation "L.L.C."	
1000 S. Ocean Blvd, Unit 507	
Boca Raton, FL 33432	
1000 S. Ocean Blvd., Unit 507	
Boca Raton, Fl 33432	
address on our records, enter the name of the new regis	
Enter Florida street address	
. Florida	

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.

City

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

Title	Name	Address	Type of Action
MGR	Zoran Zelenikovski	1000 S. Ocean Blvd., Unit 507	
		Boca Raton, FL 33432	□Remove
MGR	Bojan Tegovski	101 E. Camino Real, Apt. 1219	= Add
		Boca Raton, FL 33432	□Remove
			□Change
MGR	Kiro Zelenikovski	317 E. Boca Raton Road	
		Boca Raton, FL 33432	≅Remove
			□ Change
			□Add
			□Remove
		□Change	
		_	□ Add
			□Remove
			Change

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n effective date is listented to the contract of the date inse	ner than the date of ed, the date must be speci- rted in this block does date on the Departmen	fic and cannot be price not meet the appl	cable statutory filing	(optional) e than 90 days after filing.) F requirements, this date w	Pursuant to 605.020 ill not be listed as
ecord specifies a de is filed.	layed effective date, b	ut not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
		2020			
ited		,	·		
ited June 9,	TE-		horized representative o		

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