## L18000001385

(Re	questor's Name)		
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(Cit	ry/State/Zip/Phone #	7)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name	)	
(Document Number)			
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Special Instructions to	Filing Officer:		

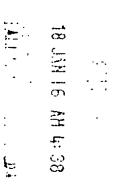
Office Use Only

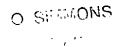


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## **COVER LETTER**

Division	of Corporations
B & SUBJECT:	z Z Port Richey, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.
Please return all co	correspondence concerning this matter to the following:
	Neil Meyer
	Name of Person
	Meyer Njus Tanick, PA
	Firm/Company
	330 Second Avenue South, Suite 350
	Address
	Minneapolis, Minnesota 55401
	City/State and Zip Code
	spencer@dorvidor.com
	E-mail address; (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Neil Meyer	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Gadditional copy is enclosed) Certified Copy Gadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

B & Z Port Richey, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 9, 2018 and assigned Florida document number 1.18000007385This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
MGRM	Dorvidor Management Company, I.		
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		25 SE 2nd Ave Suite 900, Miami	🖺 Change
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ctive date, if other than the date effective date is listed, the date must be seffective date inserted in this block coment's effective date on the Depart	foes not meet the appl	icable statutory filir	(optio nore than 90 days after f og requirements, this	n <b>al)</b> iling.) Pursuant to 605.0 date will not be listed
record specifies a delayed eff ne 90th day after the record		not an effective	time, at 12:01 a.	m. on the earlier
ed January 11	2018	·		
1/1-11				

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Filing Fee: \$25.00