

L18000011517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

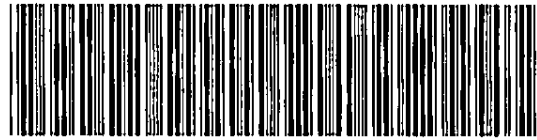
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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K. SALY  
FEB 6 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZAGARIA INVESTMENTS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Damiani

Name of Person

Damiani & Weissman PA

Firm/Company

902 NE 1 Street, #9

Address

Pompano Beach, FL 33060

City/State and Zip Code

gd@dwpa.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Damiani

954 747-5280  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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**

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DIVISION OF CORPORATIONS  
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ZAGARIA INVESTMENTS 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 12, 2018 and assigned Florida document number L18000011517.

This 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.L.C."

Enter new principal offices address, if applicable:

2261 NE 67 STREET # 1832

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33308

Enter new mailing address, if applicable:

1887 KINGSDALE AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

OTTAWA, ON K1T1H1-9

**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*

\_\_\_\_\_, **Florida**

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZAGARIA, MICHELE L	1887 KINGSDALE AVE	<input type="checkbox"/> Add
		OTTAWA, ON K1T1H-9 CA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ZAGARIA, FRANCA	1887 KINGSDALE AVE	<input type="checkbox"/> Add
		OTTAWA, ON K1T1H-9 CA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 DIVISION OF CORPORATIONS  
 08 FEB - 5 PM 1:30  
 Change  
 Add  
 Remove  
 Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

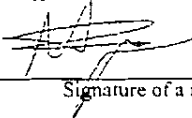
Multiple horizontal lines for amending information.

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DIVISION OF CORPORATIONS  
18 FEB - 5 PM 1:32

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 29, 2018



Signature of a member or authorized representative of a member

MICHELE L. ZAGARIA

Typed or printed name of signer