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COVER LETTER

TO: Registration Section
Division of Corporations

FLORIDA ZUNNY DAY LLC

SUBJECT:			
•	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	LEONARDO A. VARGAS		
		Name of Person	
	FLORIDA ZUNNY DAY I	J.C	
		Firm/Company	
	3650 INVERRARY DR U	NIT# 3Y	
	<u>-</u>	Address	
	LAUDERHILL, FL 33319		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report no	iffication)
For further information c	oncerning this matter, please ca	II:	
LEONARIXO VARGAS		954 4 783498 31 (954) 536	-6227
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
	-	□ ¢55 00 □11 □ 0	C) \$60.00 Elling Foo
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA ZUNNY DAY LLC							
(Name of the Limi	ted Liability Compa (A Florida Limited I	лу as it now appears on our re Jability Company)	ecords.)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/12/2018}{\text{El}8000063514}$ Florida document number $\frac{\text{L}18000063514}{\text{L}18000063514}$							
his amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	of the limited liab	ility company here:	1271 W				
he new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "	LLC" or the abbreviati	8n "L.L <u>.C."</u>			
Inter new principal offices address, if applic	ahla:	3650 INVERRARY DR.	(S) - (S)				
Principal office address MUST BE A STREE		UNIT# 3Y	7.	2 —			
Principal office address MUST BE A STREE	<u> (1 ADDKESS)</u>	LAUDERHILL, FL 33319	9 99	2			
Inter new mailing address, if applicable:		3650 INVERRARY DR.	オ				
Ma <u>iling</u> address MAY BE A POST OFFICE	ROX)	UNIT# 3Y					
valuing address MITT BE ITT OST OTTTEE	<u>BOAY</u>	LAUDERHILL, FL 33319)	<u>.</u>			
3. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	4/		nter the name of th	ne new regist			
	3650 INVERRARY DR. UNIT# 3Y						
New Registered Office Address:		ldress					
	LAUDERHILI	•	, Florida 33319				
		City		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, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

EDMEDO AREAS

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
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		WESTON, FL 33331	
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