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(Address)
(Business Entity Name)
(Document Number)
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SECRE FARY OF SIMILE DIVISION OF CORPORATIONS

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COVER LETTER

Division of C	Corporations		
Zerry L SUBJECT:	anar LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Zerry I. Hogan		
		Name of Person	
	Zerry Lanar LLC		
	- <u> </u>	Firm/Company	
	14825 Cedar Branch Way		
	 -	Address	
	Orlando, Fl. 32824		
	 	City/State and Zip Code	<u> </u>
	contact@zerrylanar.com		
For further informatic	n-mail address: to n concerning this matter, please c	to be used for future annual report notifull:	ication)
Zerry Hogan	· ·	407 591-2705	
Nan	ie of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or 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:

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**

Zerry Lanar LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/03/2018}{\text{Horida document number}}$		and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		SECRE VISION 8 AUG
Inter new mailing address, if applicable:		TARY OF SOFT CORPORE
Mailing address MAY BE A POST OFFICE BOX)		FAFE RATIONS 2: 43
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address Florid	daZip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maureen Hogan	14825 Cedar Branch Way	□ Add
		Orlando FL 32824	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
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				Por
				
	04/03/2018			
fective date, if other than the neffective date is listed, the date in	e date of filing:	late of filing or more than 90	(optional) days after filing.) Pursuant (o 605.02
ote: If the date inserted in this becument's effective date on the I	lock does not meet the applicable	e statutory filing requiren	nents, this date will not be	e listed:
	d effective date, but not a	n effective time, at	12:01 a.m. on the e	arlier
The 90th day after the re	ord is filed.			
ted	2018			
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Filing Fee: \$25.00