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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ZINNIA CENTER, 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:

JOHN A. MORAN, ESQ

Name of Person

DUNLAP & MORAN, P.A.

Firm/Company

P.O. BOX 3948

Address

SARASOTA, FL 34230-3948

City/State and Zip Code

JMORANSTAFF@DUNLAPMORAN.COM

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

For further information concerning this matter, please call:

JOHN A. MORAN, ESQ.

at ( 941 )

366-0115

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



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	John A. Moran	22. S. LINKS AVE, STE 300	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NEIL BEDI	2055 WOOD STREET, STE 100	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INITA BEDI	2055 WOOD STREET, STE 100	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

email address for Annual report notifications is: jmoranstaff@dunlapmoran.com

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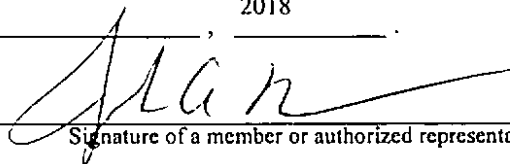
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 8/1, 2018



Signature of a member or authorized representative of a member

JOHN A. MORAN Auth. Rep.

Typed or printed name of signee



DUNLAP | MORAN

ATTORNEYS AT LAW

Post Office Box 3948  
Sarasota, FL 34230-3948

DUNLAPMORAN.COM

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