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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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TO:

Registration Section Division of Corporations

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	ZMM Ventures, LLC		
30bate 1.	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Anthony P. Granese, P.A.	
		Address	·
		1014 Drew Street, Clearwater, FL 3.	3755
		City/State and Zip Code	
	E-mail address: (agraneselaw@tampabay.rr.com to be used for future annual report notific	cation)
For further information	n concerning this matter, please c	all:	
Antho	ny P. Granese	727 446-4121	
Nam	e of Person	at () Area Code Daytime *	felephone Number
Enclosed is a check for	r 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)
MA	ILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZMM Ventures, LLC				
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appear: Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L18000115621.	were filed on	May 8, 2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> ;		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)			3 V S	
			AUG	
			FILE OF CC	
Enter new mailing address, if applicable:			A REC	
(Mailing address MAY BE A POST OFFICE BOX)			9 0	
		·	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, <u>enter</u>	the name of the ne	
New Registered Office Address:	Entry Flori	do stres t address		
	Enter Florida street address			
	City	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agroprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in Cl	ny duties, and Lam hapter 605, F.S. Or,	familiar with and if this document is	
If Char	nging Registered Age	nt, <u>Signature of New Ro</u>	gistered 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>	Type of Action
MGR	ZACHARY MOSKOWITZ -P/T	2198 Calumet St.	
		Clearwater, FL 33765	Remove
			☐ Change
AMBR	MARTIN MOSKOWITZ-VP/S	2198 Calumet St	
		Clearwater, FL 33765	□ Remove
			□ Change
AMBR	MITCHELL MOSKOWITZ-VP	2198 Calumet St.	
	-	Clearwater, FL 33765	□ Remove
			Change
		 	Add
			□ Remove
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an effi <u>ote:</u>	e date, if other than the date of filing:		
rec The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. o Oth day after the record is filed.	n the ea	lier c
ited _	7-31-18		
	Signature of a member or authorized representative of a member		
	- //		

Page 3 of 3

Filing Fee: \$25.00