## 48000123557

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Div	ision of Corp	oorations					
CUDICCT.	ZIG 60, LLC						
SUBJECT:		Name of Lim	nited Liability Company				
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspor	idence concerning this matter	to the following:				
		Matthew J. Militzok					
	Name of Person						
		Militzok & Levy, PLLC					
		<del></del>	Firm/Company	,			
		3230 Stirling Road					
			Address				
		Hollywood FL 33021					
		zikrimike@gmail.com	City/State and Zip Code				
		E-mail address: (	(to be used for future annual report notification)				
For further in	nformation co	incerning this matter, please c	all:				
Matthew J.	Militzok		954 727-8570at ()	2010 OCT			
	Name of		Area Code Daytime Telephone Sumber	Section 1			
Enclosed is	a check for the	e following amount:	<b>-</b> 2.2	ing Fals			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	tadditional copy is enclosed) Certified	te of Status			

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

ZIG 60, LLC				
( <u>Name of the Limited Liai</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	_		
The Articles of Organization for this Limited Liability	y Company were filed on 05/17/2018	and	l assigi	ned
lorida document number L18000123557	·			
his amendment is submitted to amend the following	:			
. If amending name, enter the new name of the li	imited liability company here:			
IG 62, LLC				
he new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the al	obreviation	ո "ե.ե.Հ	·.·
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AD	DRESS)			
The partifice dances mody bort Britan				
			-	
90 N				
nter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE BOX)</u>				
			D.3	
. If amending the registered agent and/or re	gistered office address on our records, enter	the/na	inter of	the r
egistered agent and/or the new registered office a	ddress here:		30	
			<del>11</del> 2	GT:14
Name of New Registered Agent:		<u> </u>	Ĕ	i
<del></del>			32	1
New Registered Office Address:	Enter Florida street address	<del></del>	<u> بب</u>	-Herri
		<u>.</u>	<b>d</b> ⊋	- 1 -
	, Florida	Zip C	<b></b> `!a	
	City	7.117 C	1 446	

## 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
			☐ Remove
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ctive date, if other than the	date of filing:			(optional)		. (2.)
effective date; in other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be ock does not meet the	e prior to date of til applicable statute	ng or more than 9	) days after filing, ments, this date	) Pursuant will not b	to 6#50; se listed
record specifies a delayed he 90th day after the reco	effective date, bu ord is filed.	ut not an effec	tive time, at	12:01 a.m.	on the	earlier
October 23	2018					
-v	·	4				
	Signature of a member of	e authorizad races	outative of a mom	her		_

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Filing Fee: \$25.00