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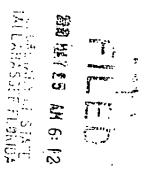
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Zero Point	Realty, LLC		
SUBJEC				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Itzhak M Shtark		
			Name of Person	
		Zero Point 9 Realty, LLC		
			Firm/Company	
		7925 West State Road 46		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		IsaacShtark@gmail.com		
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information co	oncerning this matter, please ca	all:	
Joseph			407 902-7320 at ()	
	Name of	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2cro Point 9 Re	ealty, LLC	· · · · · · · · · · · · · · · · · · ·	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on a a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on 5/24/18		and assigned
Florida document number <u>W18000047370</u> CIEOOO 1.	<u>2</u> 7482		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADD)	RESS)	3-1	
	<u> </u>	<u> </u>	Per green.
Enter new mailing address, if applicable:		1 0 1 0	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		27 1- 27 1- 27 1-	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the	name of the r
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City		Zip 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. 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Joseph P. Shtark	7925 West State Road 46	■ Add
		Sanford, FL 32771	□ Remove
			☐ Change
VP	Ayala Shtark	7925 West State Road 46	■ Add
		Sanford, FL 32771	☐ Remove
			Change
MGRM	The Shtark Investment Group, LLC	7925 West State Road 46	≅ Add
		Sanford, FL 32771	□ Remove
			Change
MGRM	Itzhak M. Shtark	7925 West State Road 46	■ Add
		Sanford, FL	☐ Remove
			☐ Change
			Addition of the second of the
			Remove
			Change -
			On Add
			☐ Remove
			☐ Change

			
			
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	· · · · · · · · · · · · · · · · · · ·		
Sote: If the date insert	the date must be specific and cannot be prior to ed in this block does not meet the applical te on the Department of State's records.	odate of filing or more than 90 days after the statutory filing requirements, the	t ional) er filing.) Pursuant to 605.02 nis d ate will not be listed
	a delayed effective date, but not retire the record is filed.	an effective time, at 12:01	a.m. on the earlier
May 24	2018		
aicu		_ •	
	Signature of a member or author	ized representative of a member	NSS P
	Artillal Mrin	X44/4>	
	Typed or printed	name of signee	- SILLE - ORIOA

Page 3 of 3

Filing Fee: \$25.00